1 2 1	STATE OF M	IARYLAND-	CERTIFICATE OF DEATH 13	806	
stat JPA	1. PLACE OF DEATH		(96)		
	County	arundel	Registration Dist. No.	<i>'</i>	
should of OCC	Village or City	rille	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and nu		
= 0 /	Length of residence in city or town where death occur	urred yrs. mos.	ds. How long in U.S. if of foreign birth?yrsmos.		
Ever	2. FULL NAME Mary	Ban	ks		
D. Every YSICIANS statement	(a) Residence: No.	sual place of abode)	St., Ward.  If nonresident give city or town and S	ate	
	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH		
LY. PH. LY. Exact	ORI	DELE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH Security (Boy)	93 (Year)	
MANER ACTI assified	5a. If married, widowed, or diversed HUSBAND of Corbert &	Banks	22. I HEREBY CERTIFY, That I attanded deceased from 19 to 19 to 19		
EXE.	6. DATE OF BIRTH (month, day, and year)	wheren	I last saw h alive on	death is sale	
IS A PE stated E properly certificate	7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were 24 follows:	Date of onset	
	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER BOOKKEEPER, etc.		Regolured asitic		
HIS be be c of		*******************	/ ansurysm		
NK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	restric			
S ti E	10. Data deceased last worked at this occupation (month and	II. Total time (years) spent in this occupation			
NG I AGE that ions	year)	осзаранон	Other Contributory Causes of Importanca:		
d. d. , so	12. BIRTHPLACE (city or town)				
	(State or country)				
NF/ plie rms rms	(State or country)	· ·			
I UNFADING supplied. AGI in terms, so tha	(State or country)    13. NAME   Sur Russian		Name of operation		
I'H U	(State or country)    Table   13. NAME   2		What test confirmed diagnosis? Charles Was there an eu	opsy? Z	
efully sur in plain to ant. See	(State or country)    13. NAME   Surkawww     14. BIRTHPLACE (city or town)   (State or country)    15. MAIDEN NAME   11   14   15   16   16   16   16   16   16   16	va:			
LY, V-T'H U e carefully sup ATH in plain to	(State or country)    13. NAME   Sur   Rurows	Va.	What test confirmed diagnosis? Was there an eu  23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Data of injury  Where did injury occur? (Specify city or town, county and State.	, 19	
LY, V-T'H U be carefully sup EATH in plain to important. See	(State or country)    13. NAME	Va. Va.	What test confirmed diagnosis? Was there an eu  23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Data of injury  Where did injury occur?	, 19	
PL. LY, V-TH U hould be carefully sup OF DEATH in plain to very important. See	(State or country)    13. NAME   14. BIRTHPLACE (city or town) (State or country)    15. MAIDEN NAME   17. INFORMANT (Address)   18. BURIAL, CREMATION, OR REMOVAL	Va. Va.	What test confirmed diagnosis? Was there an eu  23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Data of injury  Where did injury occur? (Specify city or town, county and State.	, 19	
PL. LY, V-TH U hould be carefully sup OF DEATH in plain to very important. See	(State or country)    13. NAME   SULKIUS	Va. Va. Williams 12-243	What test confirmed diagnosis? Was there an euclided and to external causes (ViOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury   Where did injury occur? (Specify city or town, county and State and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLANAMANDER OF Injury   Manner of Injury Nature Natu	, 19	
PL. LY, V-TH U hould be carefully sur OF DEATH in plain to very important. See	(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  (A	Va. Va. Williams 12-243	What test confirmed diagnosis? Was there an eu  23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Data of injury  Where did injury occur? (Specify city or town, county and State:  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN  Manner of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	, 19	
PL. LY, V-TH U hould be carefully sup OF DEATH in plain to very important. See	(State or country)    13. NAME   14. BIRTHPLACE (city or town)   (State or country)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   (State or country)   17. INFORMANT   QOBERT   A. (Address)   18. BURIAL, CREMATION, OR REMOVAL   Place   19. Company   19. Company	Va. Va. Williams 12-243	What test confirmed diagnosis? Was there an euclided and to external causes (ViOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury   Where did injury occur? (Specify city or town, county and State and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLANAMANDER OF Injury   Manner of Injury Nature Natu	, 19	

MARGIN RESERVED FOR BINDING

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
(O) 16 3 16 3 16 3 16 3 16 3 16 3 16 3 16			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE-PLAKALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH  County  Village or City  No.  St.,  (If death occurred in a horpital or institution, give its NAME instead of street and nu Length of rasidence in city or town where death occurred  yrs.  mos.  ds. How long In U.S. if of foreign birth?  yrs.  mos.  4. Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  St.,  Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIPORCED (write the word)  Adde  White  1. DATE OF DEATH  (Opy)	ds.
Village or City  Village or City  No.  (If death occurred in a horpital or institution, give its NAME instead of street and nu Length of rasidence in city or town where death occurred  yrs.  Mos.  (If death occurred in a horpital or institution, give its NAME instead of street and nu Length of rasidence in city or town and successful to the street and nu Length of rasidence in city or town and successful to the street and nu Length of rasidence in city or town and successful to the street and nu Length of foreign birth?  St.,  Ward.  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIFFORCED (write the word)  1. DATE OF DEATH  21. DATE OF DEATH	mber) ds.
(If death occurred in a horpital or institution, give its NAME instead of street and nu Length of rasidence in city or town where death occurred yrs	mber) ds.
Length of rasidence in city of town where death occurredyrs	ds.
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  A COLOR OR RACE OR DIVORCED (write the word)	193
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  A COLOR OR DIVORCED (write the word)  OR DIVORCED (write the word)	193 5
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  4. COLOR OR RACE OR DIVORCED (write the word)	193 5
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  21. DATE OF DEATH OR DIVORCED (write the word)	193 (Year)
made Allite OR DINORCED (write the word)	193 (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)  8 1 last saw have alive on 3 2 3 1935;	death is said
7. AGE Yaars Months Days If LESS than to have occurred on the data stated above, at 1 Pm.	
wera as jollows:	Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER, Laborer Laborer Laborer SAWYER, BODKKEEPER, etc. Laborer La	
Kind of work doma, as SPINNER, SAWYER, BODKKEEPER, etc  SAWYER, BODKKEEPER, etc  SAW MILL, BANK, atc  10. Data deceased last worked at this occupation (month and second in this occupation (month and second in this occupation (month and second in this s	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Les many Life a language Change	
(Stata or country)  Language 13. NAME Canking and Cank	
E Maria	
What test confirmed diagnosis? Was there an aul  23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy?
16. BIRTHPLACE (city or town) — Llemany Accident, sulcide, or homicide? — Date of Injury —	, 19
17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE  (Address)  Where did injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE  (Address)	E.
18. BURIAL, CREMATION, OR REMOVAL	
Plac Quaker lively an 2, 1936 Nature of injury	
19. UNDERTAKER - J. a. Harolesty Felson 24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 11/3,6 11,17. Clayfor (Signad)	M. D.
If more blanks are reeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			* [
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR FU	URTHER S	TATEMENT	rs by p	HYSICIA	N	
			4	30			
					1		

1. PLACE OF DEATH	OF MARILAND	CERTIFICATE OF DEATH	0000
Village or City Could or Length of residence In city or town where		No. St., f death occurred in a horpital or institution, give its NAME instead of street and s. How long In U.S. If of foreign birth?	
2. FULL NAME Co. (a) Residence: No. Miles	Sussession (Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 <b>5</b> (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	I THE FRINCIFAL CAUSE OF DEATH and related causes of (mportance	; death Is sai
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	/ O   ormin.	were as follows:	Date of onse
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spant In this occupation	Uller ono flitters	12/1/3
12. BIRTHPLACE (city or town) (State or country)	a cs m	Other Centributory Causes of Importanca:	
13. NAME andaux	Brown		
13. NAME COLLINS	0	Name of operation Date of	
(Stata of country)	00 00	What tast confirmed diagnosis? Was thera an	autopsy?
15. MAIDEN NAME ONNE  16. BIRTHPLACE (city or town)  (State or country)	e consider	23. If death was dua to extarnal causes (VIOLENCE) fill in also the followin  Accident, suicide, or homicide?	, 19
17. INFORMANT askher 16 (Address) mill Swap	Frown	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	He) LACE.
18. BURIAL, CREMATION, OR REMOVAD	Date Dec 19 36	Manner of injury	
19. UNDERTAKER DE TOTO	opens	24. Was disease or Injury in any way related to occupation of deceased?	w
20. FILED Dec 17, 1936 E	ward Colleges	(Signed) Fw. Freene (Address) anapolis, me	9 M. L

V. S. No. 1

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

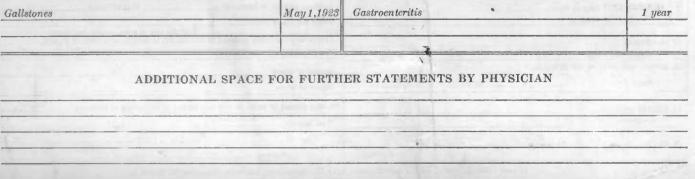
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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 6 1990	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

1.

2.

3. SE

5a. If

6. DA 7. AG

OCCUPATION

FATHER

19. UNOERTAKER

(Address)

12. BIRTHPLACE (city or town) \_2 (State or country)

14. BIRTHPLACE (city or town (State or country)

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 13809
PLACE OF DEATH		(93°C)
county arme arm	acc	Registration Dist. No.
Village or City magathy	(16	No. / as a den a St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	h ochered 40 yrs mos.	
FULL NAME IN aggie	E. Brumoe	ell
(a) Residence. No. *	on Pluro d R	ast. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  26 (Month) (Day) (Year)
married, widowed, or divorced HUSBANO of OOT) WIFE of Edward Z	Brunwell	22. I HEREBY CERTIFY, That I attended deceased from
TE OF BIRTH (month, day, and year) 200	arch 18 1875	I last saw has alive on Alee . 24, 19 37; death is sald
E Years Months	Deys If LESS than I day,	to have occurred on the date stated above, av 2 m,
73   9	S ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, H & SAWYER, BOOKKEEPER, etc.	reservork	Truocarditio milel
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	have	Chronic myocarditise Dwation: Indefinite.
O. Oate deceased last worked at	11. Total time (years)	Chronis Myocardissa Siviation : Indestrutte:

What test confirmed diagnosis? Was there an au'opsy?

15. MAIOEN NAME RE

16. BIRTHPLACE (city or town) Tilehman Island
(State or country)

17. INFORMANT Mas Addie E Robinson
(Address) 2237 Farmount ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Oate Sec 27,1935.

Mas there an au'opsy?

23. If death was due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?

Objectify city or town, country and State)

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
Neture of injury
Neture of injury
Neture of injury

occupation

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(Address)

Registrar.

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Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Representation of the control of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

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1	İt		
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
	NA 11 V 23	TOTA	A CACAMAZZIO	OT TITLE TATE TO	10 1	LILIBIOICIAIN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13811
1. PLACE OF DEATH	93-0
County drive arunde	Registration Dist. No.
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella Jackson	Bugues
(a) Residence: No. Withill - Nu (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Dee 5, 193 5 (Yaer)
or WIFE of Frank Burgess	22. I HEREBY CERTIFY, That I attended deceased from  1933 to Dec. 5 1933
DATE OF BIRTH (month, day, and year) april 30, 1884	I last saw hed alive on whenha -, 1935; death is sald
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Trade, profession, or particular kind of work done, as SPINNER, learning SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset
9. Industry or business in which work was done, as SILK MILL, saw MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Q. Q. County- (State or country)	hypertyren
13. NAME Jim Jochan	
14. BIRTHPLACE (city or town) a ca Counts	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gengiama muland	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) A - a · Count	Accident, suicide, or homicide? Data of injury, 19
7. INFORMANT (Address) Color Public P	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL GREMATION OF REMOVEL had Dee 633.	Manner of injury
9. UNDERTAKER J. G. Harley Tor. (Address) G. J. Le villat 2000	24. Was disease or injury in any way related to occupation of deceased? Lo
o. FILED 12/57, 1/35 21. 17, Clary 10.	(Signed) trily the lutery M.D.  (Address) Litturan, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis JAN 6 1929	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
G. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important.

OF ]

CAUSE

-WRITE

	S	TATE C	F MAR	YLAND-	CE
1	PLACE OF DEAT	гн			
	County Ann	e Arund	lel		
	Village or City A	nnapoli	S		N
1			Я	4	death o
1	Length of residence in cit				•
2	. FULL NAMELOU			SON	
	(a) Residence: No	438 Wes	(Usual place	of abode)	Si
	PERSONAL AN	D STATIST			1 .
3. 5		r or race	5. SINGLE, MAR OR DIVORCE MATTIE	RIED, WIDOWED, D (write the word)	21.
	If married, widowed, or divo	rced			1
	HUSBAND of Ali	ce J. C	arlson		22.
				3006	llas
_	OATE OF BIRTH (month, day  AGE Years	(, and year)	Days	1896	to h
•••	39	5	00,0	I day,hrs.	The
	8. Trade, profession, or pa	rticular	1	† or min.	were
OCCUPATION	SAWYER, BOOKKEE	PER, etc.	aker		a
PAT	9. Industry or business in work was done, as S SAW MILL, BANK, e	which	no halsa	ab an	
noo	IO. Date deceased last wor		1	ime (years)	me
Ō	this occupation (mor	ith and	spe	nt in this	
	BIRTHPLACE (city or town)	Annanc	his		Othe
12.	(State or country)	Ma	ryland		16
ER	13. NAME John A	. Carls	son		di
ATHER	14. BIRTHPLACE (city or to	wn)			Nam
F	(State or country)		hio		Wha
ER	15. MAIDEN NAME Dai	sy Broo	ks.		23. If
MOTHER	16. BIRTHPLACE (city or to	wn) Ann	apolis.		Acci
Σ	(State or country)		Marylan	id.	Whe
17.	INFORMANT Mrs.				Spe
10			, Annap	olis, Md.	
18.	BURIAL, CREMATION, OR R	EMUVAL	The Park St.		Man

Place Anna DO 115 No. Date De C. 12, 19 00

John M.

Annanolis

(Address)

Registration Dist. No. occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? \_\_\_\_\_\_vrs.\_\_\_\_\_ MEDICAL CERTIFICATE OF DEATH DATE OF DEATH December CERTIFY. That I attended deceased from ive occurred on the date stated above, et. PRINCIPAL CAUSE OF DEATH and related causes of importance Date of enset t test confirmed diegnosis?\_\_\_\_\_\_ Was there an autopsy?\_/ death was due to external causes (VIOLENCE) fill in also the following: dent, suicide, or homicide?\_\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ (Specify city or town, county and State)
cify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Market V. 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

certificate.

See instructions on back of

OCCUPA.

of

Exact statement

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	3	8	1	3
	-	~	-45	-

1	. PLACE OF		r <del>H</del> Arundel			<u> </u>	0010
	County					Registration Dist. No.	
	Village or City	y(	Crownsv	ille St	ate Hospi	teath occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of reside		ty or town where d		yrs 1 mos	t death occurred in a hospital of institution, give its NAME instead of street and n s	umber)
2	. FULL NAM	E	William	n Carte	r	If U. S. Veteran, specify WAR	
1	(a) Residence	: No	Washin	gton Co	unty, Mar	yland Ward.	
-	PERSONA	I AN	D STATISTI	(Usual place		If nonresident give city or town and	State
3 1			R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
	male	b.	lack	OR DIVORCE	D (write the word)	December 10th (Day)	, 1935 (Year)
5a.	If married, widowed HUSBAND of Or WIFE of		errie Ca	arter		22. I HEREBY CERTIFY, That I ettended of October 17th; 35, to Dec. 10th	
6.	DATE OF BIRTH (m	onth, day	r, end yeer)	1870?		l last saw h im alive on Dec. 10th 19 35	
7.	AGE Years		Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 8: 20 Am. M.	
	65	?	Unka	nown	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.				er	General paralysis of the in-	?
OCCUPATION	9: Industry or bu work was d SAW MILL,	ione, es S	which SILK MILL, etc				
000	10. Date deceased this occupe year)	tion (mo	nth end	- spe	time (years) ent in this upation		
12.	BIRTHPLACE (city (State or county		West	Virgin	ia	Other Contributory Causes of importance: - Lues	3
ER.	13. NAME	Jen	nes Car	ter			
FATHER	14. BIRTHPLACE (		wn) Wa	shingto	n, D.C.	Name of operation Date of	Ves
-	(State or co	70	illian	(Unknow	n )	What test confirmed diagnosis? Was there an a	utopsy?
H	15. MAIDEN NAM	E 14-			,	23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (		We:	st Virg	Tura	Accident, suicide, or homicide? Date of injury	
	(State or c	Hos	pital Re		-3	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
	(Address)		ownsvil.	Le, Mar	yland	***************************************	
18.	Place Place	on or F	REMOVAL Levula	)_Date_2///	, 19FV	Manner of injury	
	5	1-1/2	P. 40	unle	The Supe	24. Was disease or injury in any way related to occupation of deceased?	
19	(Address)	0	rous	orlly 7	ud-	If so specify	
20.	FILED 17/1	,	1935 2	7.80	7,4	(Signed)	/M. D.
				11 -	O. L. Registrar.	(Address) Crownsville, Marylan	.Q

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I	9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 6 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	9 1
1. PLACE OF DEATH	92-0	1 52
county Anne Arundel	Registration Dist. No. 25	
Village or City Booklyn Park	No. St.,	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number osds. How long in U.S. if of foreign birth?yrs,mos	
2. FULL NAME Katherine Capamfer		
(a) Residence: No. 18 Edge wate Rd. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)  Marrie of	21. DATE OF DEATH  December 17  (Month) (Day) (1937)	5 Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mar.  6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  If LESS than	22. I HEREBY CERTIFY, That I attended deceas  November 30, 1935, to December 17, 11  i last saw h. La. alive on December 16, 1935; deat to have occurred on the date stated above, at 430 Am.	9.3.5
7/ 9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade profession or perticular	were as follows:	of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (yeers) spent in this occupation	Dther Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) 3 alfan		
13. NAME John Bowers		
14. BIRTHPLACE (city or town) Baltin MA	Name of operation Dete of	
(State or country)	What test confirmed diagnosis?	12 No
15. MAIDEN NAME NOT Know	23. If deeth was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Lt	Accident, suicide, or homicide?	9
17. INFORMANT My. Walter F. Cology for (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	*
Place Thely Errow Date De 20, 1935	Nature of injury	
19. UNDERTAKER Edizabeth Hack Dres (Address)	24. Was disease or injury In eny way related to occupation of deceased?	0
20. FILED Dec 19, 1935 Ida M. Whilton Registrar.	(Signed) Henry F. Buethner (Address) 1319 Light St., Ballimore	M. D.
If more blanks are needed, address State Registra	r, 2411 N, Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B. R. R. I. V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	!		

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH Boles
	1. PLACE OF DEATH	(59)
ould OCC	County C. C.	Registration Dist. No. 2
item of should of OCC	Village or City Cluster poly Med	No. 6 mergency (Vor) St., 2 Ward
/	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Every CIANS tement	Q 1 A1: 11	
ICI E	2. FULL NAME Subj Chiswell	To 4 Wash WITHIN CONDON
CORD. Every PHYSICIANS oct statement	(a) Residence: No. (Surgering (Pay))	St., Z Ward.  If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FY	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Securite	21. DATE OF DEATH  Securifical 14  (Month) (Day) (Year)
NDING RMANEN X A C T I classified.	5a. If merried, widowed, or divorced	(13)
DIL TAN A C Issi	HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and yeer) Dec -14-1935	I last saw h All alive on Describe (4, 193 C Teath is said
FOK B IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 5 2 m.
IS A PE stated I properly ertificate	1 day,/hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS stat pro	or_ZO_min.	were as follows:  Date of onset
of pe	8. Trade, profession, or particular, which of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
MAY E	9. Industry or business in which work was done as SILK MILL.	
-1 26 E	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
当日四十0	O 10: Date deceased last worked at this occupation (month end year)	
NKGIN KE; NFADING I plied. AGE erms, so that instructions	(1. 1.1.200	Other Contributory Causes of importance:
LIN So ucti	12. BIRTHPLACE (city or town)	bellature - 6 min to
FFA IFA Iliec Instr	13. NAME William B. Cheswell	programes
	14. BIRTHPLACE (city or town) Worlle Carolina	Neme of operation. Love Oate of
H L y su ain t	(State or country)	What test confirmed diagnosis? Turdury? Was there an au'opsy? Wo
WYFF efully in pla	# 15. MAIDEN NAME Elisona Meurer	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
- L	15. MAIDEN NAME Curora Meurer  16. BIRTHPLACE (city or town) Mus Juney  (State or country)	Accident, sulcide, or homicide? Date of injury, 19
LY, e ca. ATH	≤ (State or country)	Where did injury occur?
ADDA	17. INFORMANT William B Chiswell (Address) Enalls of Tyd.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL . 200 X	Manner of injury
	Place Charapella Date De 16, 1933	Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER John 24 Jayly	24. Was disease or injury In eny wey related to occupation of deceased?
EOF	(Address) Cincepali rud	If so, specify
a z	20, FILED 17 15 19 35 YM MW hy	(Signed) Horman Jobelly M. O.
2(1)	Registrar.	(Address) J.S. Marak Cheaderry,
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING ALY,

N. B.—WRITE PLA

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(59)</u>
County Como Coundel	Registration Dist. No. 25
Village or City Brooklyn Park	No. 9. Fafth St., W
Length of residence in city or town where death occurred 20 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Jaur a B Co	P
(a) Residence: No. 9, Fifth	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWI	
Temale thite Widow	(Month) (Oay) (Year
5a. If married, widowed or divorced HUSBAND of	22. 0 / / I HEREEY CERTIFY. Thet lattended doceased
· (or) WIFE of /lev. Danuel (. Coe	- Left 14 11 1954 to Leo, 9 11 195
6. DATE OF BIRTH (month, dey, and year) June 24/857	Hast saw he Valive on Reo 9th, 1935; death is
7. AGE Years Months Days If LESS to	The state of the s
78 6 16 fday,	ware as follows
8. Trade, profession, or particular kind of work done, as SPINNER foreservork at SAWYER, BOOKKEEPER, etc.	Date of a
SAWYER, BOOKKEEPER, etc. Housework as	Hisbetes mellitus 9/11
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc Formula work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and separation this programme of the second state of	
10. Date deceased last worked at this occupation (month and spont in this	
this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town) ashville	Other Contributory Causes of importance
(State or country) M.C.	
13. NAME Robert J. Buckner	
13. NAME Kabert J. Bucknes  14. BIRTHPLACE (city or town)	Name of operation Seg amountation Date of Oct /
(State of country)	What test confirmed diagnosis Physical Rudwigglas there en eutopsy?
15. MAIDEN NAME Thath Chambers	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MATOEN NAME / Uth Chamber  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,19
(State or country)	Where did Injury occur? (Specify city or town county and Santa)
17. INFORMAL 2 Semmel & Coe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addless) Brookline, Boston Mass 18. BURIAL, CREMATION, OR REMOVAL	
Place Int Clevet Date Dec 12 19	Menner of injury
ON CEX	Nature of injury
19. UNOERTAKER That to english (Addiess) 71.5 No. of the Carl	24. Was disease or injury in any wey releted to occupation of deceased?
(Mullioss)	If so, specify farm Deilel
20. FILEO Sec 0, 1932 Saa M. Wulana Registra	19 1 - 183 ((1) 5 6 5 - 2 6
	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

ATTENDE OF BEATH	(/3)
County L. M. Lo.	Registration Dist. No. 2
Village or City annapo to Mo	1. No. 32 /aylor St. Ward
1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	death occurred in a horpital or institution, give its NAME instead of street and number)
	yisyis.
2. FULL NAME / Canell of Com	NEW WITHIR GERPORA
(a) Residence: No. 32 /assour	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Cet. OR DIVORCED (write the word)	Wellow (Day) (Year)
5a. If married, widowed, or divorced /	
(or) WIFE of Masey County	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 29-187	I last saw h. Lon alive on Ole 1 1935 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 12, 46.8 m.
/ / 8 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Re. Uralmie Porsoning 11/24
9. Industry or business in which work was done, as SILK MILL,	The water to the state of the s
SAW MILL, BANK, etc.	
- Curs occupation (mouth and	
year) occupation	Dther Contributery Causes of importance:
12. BIRTHPLACE (city or town) Australia (State or country)	Chr. hiphartis c/4/perlenan
	arteriorde son
E CONTRACTOR OF THE STATE OF TH	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? My ical + Mi Was there an au'opsy? Du
16. BIRTHPLACE (city or town) tuning of	23 If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of Edulity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 3 2 Jan Jun A	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placa Placa Date	Nature of injury
19. UNDERTAKER O has E Syeph	24. Was disease or injury In any way related to occupation of deceased?
Harriss Comments of the commen	If so, specify A 7 1/2 (144 CMA)
20. FILED ( 19.22 ) 19.22	(Signed) 11. T. T. M. D. M. D. (Address) 31 Constants CW.
(// Kefistrar.	(Address) 2/ + MM MGAIF CO

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- I want to be a second of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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Registrar.

(Address) Jessup, Md.

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#### Example I Example II The principal cause of death and related causes The principal cause of death and related rauses Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilensy . C 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE O	F MARYL	AND-	CERTIF	CATE	OF	DEATI
				and the same of		

1. PLACE OF DEATH			90	3819
County Anne Arunde	1		Registration Dist. No.	)/
Village or City Crown SVil		~ (li	8 1 No. St., death occurred in a hospital or institution, give its NAME instead of street and s. 48 ds. How long In U.S. if of foreign birth?	Ward number)
2. FULL NAME Wil	liam Du		If U. S. Veteran, specify WAR	
	timore			
(a) hesidence. No.	(Usual place	of abode)	d St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
male diack		RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH December 20th (Month) (Day)	, 1935 (Year)
5a. If married, widowad, or divorced HUSBAND of Unknow (or) WIFE of	'n		22.   HEREBY CERTIFY, That I attended April 22nd 19 25, to December 2	
6. DATE OF BIRTH (month, day, and year)	861		l last saw h i m alive on December 20 1938	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above; at 10: 20 h . M .	
74 11	nknown	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca	15.
Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labore	r	General arteriosclerosis	Data of onset
10. Date deceased last worked at this occupation (month and year)	_ 11. Total ti spen occu	me (yaars) at in this pation		
12. BIRTHPLACE (city or town) Maryl (State or country)	and		Other Contributory Causes of importance: Senility	?
Edward Dung	ee			
HE 13. NAME Edward Dung 14. BIRTHPLACE (city or town) Un (State or country)	known		Name of operation Data of What test confirmed diegnosis? Was there an	
15. MAIDEN NAME Cecel	ia (Unk	nown)	23. If death was due to extarnal causes (VIOLENCE) fill In also the following	
USANT STATE	nknown		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Hospital Reco	-	Land	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary	Date Dec	23 ,19 3	Mannar of Injury	
19. UNDERTAKER Byron & Mem. (Address) 1218 McDldry 20. FILED 17/2/1, 1985 &	ie Wrigh	nt Seitimore Registrar.	24. Was disease or injury in my way related to occupation of deceased?  If so, specify	S M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jyly5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13821

1. PLACE OF DEATH			940)	
County Anne Aru	ndel		Registration Dist. No. 21	
Village or City Chester  Length of residence in city or town wh		1_yrsmos		Ward number)
2. FULL NAME EUGENIE	BALDERST	ON ELLER	SHAW.	
(a) Residence: No. Cheste				
	(Usual place	of abode)	If nonresident give city or town	
PERSONAL AND STATI			MEDICAL CERTIFICATE OF DEATH	1
female white	5. SINGLE, MAR OR DIVORCE Marri	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 4  (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of Robert B.	Ellershav	i	22. May 10 1935, to Die 4	led deceased from
6. DATE OF BIRTH (month, day, and year)	pril 9. 1	1860	I last saw h & alive on Lor 15 5, 193	( ; death is said
7. AGE Years Months	Deys 25	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular				Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none		6 - 0 -	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Uligna / schors	russ
10. Date deceased lest worked et this occupation (month and year)	\$pa	time (years) ent in this upation		
12. B1RTHPLACE (city or town)(State or country)	gland		Other Contributory Causes of importance:	(40 ~
AAA			A Roleine (In Whanse)	Just
13. NAME Kirk-Patrick 14. BIRTHPLACE (city or town)			Name of operation Date o	f
(State or country)	cotland		What test confirmed diagnosis? Was there	
15. MAIDEN NAME ROSE MAI	ie Bluit	t	23. If death was due to external causes (VIOLENCE) fill in also the follow	wing:
15. MAIDEN NAME ROSE MAI  16. BIRTHPLACE (city or town)  (State or country)	England		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Mr. Robert (Address)Chesterfiel	B. Eller		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL	u. A. A.	Co., Ma.	Manage of injury	
Place Millersville, Mode Dec. 6, 19 35			Manner of injury	
St. Stephen's Cemetery 19 UNDERTAKER John M. Taylor.			24. Was disease or injury of any way related to occupation of deceased?	
(Address) Annapolis.			If so, specify	
20. FILED 125, 1935	79Mus	Jes .	(Signed) Marcy Junes	M. D.
		Registrar.	(Address) Mulliman I have	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	<b>PHYSICIAN</b>
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	item of infor-	should state	of OCCUPA-	/
(	S. SRD. Every	PHYSICIANS	act statement	
SINDING	ERMANENT A	EXACTLY.	classified. Ex	e.
FOR I	SISAP	stated	properly	certificat
MARGIN RESERVED FOR BINDING	. B.—WRITE PLANLY, MATH UNFADING INK-THIS IS A PERMANENT TOO RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
MARGIN	TH UNFAD	ully supplied.	plain terms, s	t. See instruc
1	PL. KLY, W	should be caref	OF DEATH in	very importan
is No. 1	BWRITE	mation s	CAUSE	TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13821
1. PLACE OF DEATH	93
County A 9.	Registration Dist. No. 22
Village or City (ldenton)	No. St., Ward
Landh of anidamining in the second of the se	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME CHINE CELYABE	muliott
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 25th
Finale White OR DIVORCED (write the word)	(Month) (Pay) (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Lung V. Sp-lettett	1 HEREBY CERTIFY Dat attended deposed from
6. DATE OF BIRTH (month, day, and year) 13 - 186 C	I last saw h. Let alive on See 279 1935 daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
7 V 6 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Date of onset
SAWYER, BOOKKEEPER, etc.	Chrone Julmonary 1933
work was done, as SILK MILL, SAW MILL, BANK, etc.	Tuterculoris
TD. Date deceased last worked at this occupation (month and spant in this	
yaar) occupation	Dther Coutributory Causes of importance
12. BIRTHPLACE (city or town)	0/ 21-1/2
(State or country)	(hone originals 1734
13. NAME / Lehan helpes  14. BIRTHPLACE (city or town) Recomption of the company	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AND SEVERY  16. BIRTHPLACE (city or town)  (State A country)	23. If death was use to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homecida?
State of country)	Where did injury occur?
17. INFORMANT Whard Ele who	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (eductor	
18. BURIAL, CREMATION, DR REMOVAL nicholo mom cemeting	Manner of injury
Place Charles Transfer Date and a 7 1920	Nature of injury
19. UNDERTAKERS & T. JUSTICE Jours	24. Was disease or injury in any way related to occupation of decaased?
(Address) Here my	If so, specify The State North Res
20. FILED IC28, 1935 N. J. VONES. Registrat.	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	5.5 1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago	
		1 Section of the sect		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER STATEMENTS BY PHYSICIAN
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anutor 22	2 Pm derrail
	man har a seg

or- orte A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	(02)
occ of	County Anna Soundell	Registration Dist. No. 2
sho of C	Village or City Teless Querne	No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
> 00 -1	Length of residence in city or town where death occurred - yrsmos.	16.1
Every	2. FULL NAME AT NOUN Kahert	The Ment Ward with the
SI SI	(a) Residence: No. Nella D St Scr	St, Ward Mrs Esward / Nerson (daught
S 7 8	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
E 24	OR DIVORCED (write the word)	6 December 193 3
T L ied.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
AANEN ACTI assified.	(or) WIFE of Shipher Arison Micks	22. I HEREBY CERTIFY, That I attended deceased from
EXE.	6. DATE OF BIRTH (month, day, and year) 30 MM 116 h 6/852	last saw h alive on 2 Dec 1950 : death is said
IS A PE stated E properly certificate	7. AGE Years Months Days of LESS than	to have occurred on the date stated above, at _/_P77m.
IS A state properting	89 10 2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wege as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Casais Varcular
r HIS d be y be k of	SAWYER, BOOKKEEPER, etc.	alles 20
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	much deal delies the
-	this occupation (month and//) spent in this	Chronic my scondition Quarties Instatated /45,-
AGE that	year)	Other Contributory Causes of Importance:
DII I. so ucti	12. BIRTHPLACE (city or town) / / / / / / / / / / / / / / / / / / /	Author Saltales
supplied. AGIn terms, so that ee instructions	13. NAME Arnold Engelmann	
DHT	14. BIRTHPLACE (city or towns) Downs have	Name of operation Date of
TH ly lai	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
INLY, WITH be carefully EATH in pla	E 15. MAIDEN NAME IN A Tiemann	23. If death was due to external causes (VIOLENCE) fill in also the following:
car FH orts	16. BIRTHPLACE (city or town) 2 MM M MANUM (State or country)	Accident, suicide, or homicida?
AINLY, d be cal DEATH y import	1.11	Where did injury occur? (Specify city or town, county and State)
PLA hould OF D	17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should Should E OF D is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRIT ation AUSE ION is	Place Car It C Date 08 4 -, 1930	Nature of injury nowl
WRIT mation CAUSI TION	19. UNDERTAKER Win Cook	24. Was disease or injury In any way related to occupation of deceased?
B	(Address) 1217 St. Paul St.	If so, specify
z (1)	20. FILED Dec 3, 193 5 MR Dolla	(Signed) M. D. (Address) Lentinger Melety A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 6 1936	July 5,1927	Peritonitis	3 days ago	
BURPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	1144	
Gallstones	May 1,1923	Gastroenteritis	1 year	

Applitional space for further statements by Physicial 1933	AN
Personal with drive the work the Elicate	Maria Ad
Taseded with day, Margaret, mo Edward	h:
arphi	1

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STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH should County\_ Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. Length of residence In city or town where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIOOWEO. OR DIVORCEO (write the word) TL (Year) 5a. If married, widowed, or divorced C HUSBAND of 22. CERTIFY. That I ettended deceased from (or) WIFE of × deeth is said 国 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days If LESS than properi Months I day.\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ... back 3. Industry or business in which should may work was done, es SILK MILL, SAW MILL, BANK, etc ... on 10. Date deceased last worked at 11. Total time (years) this occupation (month end spant In this that occupation ..... instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diegnosis?\_\_\_\_\_ Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_ 16. BIRTHPLACE (city or town DEATH (State or country Where did injury occur?\_\_\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT very (Address) OF Manner of injury CAUSE mation Neture of injury LION 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Other Anti-hutary causes of importance	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		÷ 1	

ADDITIONAL SPACE FOR FURTHER ST.	TATEMENTS	$\mathbf{BY}$	PHYSICIAN
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Registrar.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

mation should be carefully supplied. AGE should be

r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta UP	1. PLACE OF DEATH	115-0
SES	County Clayer Ulusal Cr.	Registration Dist. N
sho of	Village or City Isluable had	No. Curel Gally Hotaled death occurred in a hospital or institution, give its NAME instead
ry ir	Langth of residence in city or town where death occurred	
Evel MATAT	2. FULL NAME Cary line I allow	alf WITHIN CORPAR
RD. YSIC state	(a) Residence: No. Sutthwork 4. C. Co	St., Was Ward.  If nonresident give city
E E E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
NT RE LY.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Collecter (Month)
DING IANE! A C T	5a. If married, widowed, or divorced HUSBAND of Or Wafe Gallway	22. PEREBY CERTIFY, The
BIND EXA EXA y class	11 + 1500	I last saw h_ Lu alive on De Clubby 2
8 HH - 9	6. DATE OF BIRTH (month, day, and year)	I last saw II allee on
OR B S A PE tated E roperly	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10.000 m  The PRINCIPAL CAUSE OF DEATH end related causes of im were as follows:

4	2	0	0	Jav	
Į.	3	0	5	.)	į

1. PLACE OF DEATH	(115-0)
County Clare alling Cr	Registration Dist. No.
Village or City Userafiles had	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs	mosds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Caroline Jal	Gray CERESTELLER
(a) Residence: No. SMUM (Usual place of abode)	. W St., MM Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of Ware Gallyway	22. HEREBY CERTIFY, That I attended decaesad from 1934 to Schule 23, 1934
6. DATE OF BIRTH (month, day, and year) about 1899	I last saw h. It alive on December 23, 19 35; death is said
7. AGE Yaars Months Days If LESS	
36   1 day,	
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Desgunen - Brushi - De 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last workad at this occased in the month and the second in this properties (month and the second in this properties).	
10. Date deceased last worked at this occupation (month and construction)  11. Total time (years) spent in this occupation	77.
12. BIRTHPLACE (city or town) Use Linearing (State or country)	Other Contributory Canses of importance:  Left Cerusia - Theforence:  (835
II 13. NAME Undersown	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  W. sayland	Name of operation will clause Date of Sec. 10.11 What test confirmed diagnosis? Clauses Was there an autopsyllis
TI 15 MAIDEN NAME	23. If death wes due to axtarnal causes (VIOLENCE) fill in also the following:
15: MAIDEN NAME  16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?Date of injury, f9
(Stata or country) Maryland	Whare did injury occur?
17. INFORMANT Mac Galdoway (Addrass)	(Specify city or fown, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, Place Daniel Star Cerniley Data Dec 25, 1	Manner of Injury
19. UNDERTAKER TA Herslesty + Sore (Addrass) Galesville Wild	24. Was disease or injury in any way related to occupation of dacaesed? NO
20. FILED Dec 24, 19 35 John 18 Regis	(Signad) Clifath widerous M. D
	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
THE COLV. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TENDERANDE	DR ARCIA	T CAR	T CHANGE	MANAGEMENT AND	2.7 A.	T TE T DE CETTE

(If death occurred in

a hospital or institution, give its NAME in-stead of street and

Registrar

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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MEDICAL CERTIFICATE OF DEATH

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number.)

ADDRESS

PHYS	County AA CO.	52)
ated EXACTLY, openly classified certificate.	Village or City Brushyn Push No. 114	the ave
stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICA
be st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
E should at it may ns on bac	Dec. 12, 1929	17 I HEREBY C
AC o th	1 dayhrs.	and that death occurre
O CO	B OCCUPATION (a) Trade, profession or particular kind of work	with my
carefully FH in pial portant.	(b) General nature of induatry business, or establishment in which employed or (employer)	ball -
EA7	9 BIRTHPLACE (State or country) Brooklyn Park AA. (o.	Contributory Secondary
should E OF D Is very	11 BIRTHPLACE  W 11 BIRTHPLACE	(Signed) 6 Sura Dec. 26 1985
ation CAUS TION	OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)  Baltimore  M	*State the Disc Violent Causes, state Accidental, Suicidal or
inform state ccuPA	of MOTHER LACE OF MOTHER A Baltimore Md	ients or Recent Resident Place of deathyrs
of of o	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contractif not at place of death?
should should be to	(Informant) ma Henry Glacy	Former or usual residence
6/3 /-	(Address) 1/4 6 th are Broblyn Pa	19 PLACE OF BURIAL
Every CIAN stater	15 Nac 2/ 3: (m. 00 Cc)	20 UNDERTAKER

Nec. 2	6	1	925
(Mont	h)(I	Day)	(Year)
17 I HEREBY CERTIFY, The	/		
Dec. 1934 to	sec	26	1923 5
that I last saw h Walive on A	Lee 2	5	1925
and at death occurred on the date			
The CAUSE OF DEATH was as foll		re, at	Candania, m,
petitelique		onous	ul For
with methodate	1 11	the 1	F- 1800 74
	9	-0	0
Spine, liver, &	ungs	au	
wealth - Modrato	gear you	mos.	ds.
Contributory Camer	each	essia	
Secondary		1	
	n)yra	6mos.	ds.
(Signed) 6 Surie Ft	assu	2.	M. D.
Dec. 26 1935 (Address) /9.	04 W.V	Bally	unis
*State the Disease Causing	Death, or.	in deaths	frem
Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	of Injury	and (2) W	hether
B LENGTH OF RESIDENCE (For	Hospitals,	Institution	s, Trans-
ients or Recent Residents)			
At place of death yrs mos ds.	In the State	yrsmo	ds,
Where was disease contracted, f not at place of death?		5 TT 5 5 5 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
Former or usual residence		************	
9 PLACE OF BURIAL OR REMOVAL		ATE OF BU	JRIAL

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MARGIN



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an Physician, laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook.

Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH Jo plnods Registration Dist. No County item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_ RECORD. Every Length of residence in city or town where statement th occurred U.S. Veteran specify WAR (a) Residence: No If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT TL (Month) classified. 5e. If married, widowed, or divorced HUSBAND of D That i/attended deceased\_from (or) WIFE of V × E 6. DATE OF BIRAM (month, day, end year) deeth is said certificate. properly If LESS than 7. AGE Months to have occurred on the date stated above, at \_\_ /\_. 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence SI or\_\_\_\_min. Date of onset 8. Trade, pyofession, or particular THIS. NO kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc., OCCUPAT back 9. Industry or business In which plnous may work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ INK. uo 10. Date deceased last worked et 11. Total time (yeers) this occupation (month end that spent in this occupation \_. instructions UNFADING Causes of importance: 80 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTYPEACE (city or town plain (State or country) efully What test confirmed diagnosis?\_ MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: E Accident, suicide, or homicide?\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT should (Address) OF 18. BURIAL CREMATION, OR REMOVAL Manner of injury WRITE 20 CAUSE mation Nature of injury NOLL 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify 20. FILED /\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

BINDING

RESERVED FOR

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis IAN 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
6 m 6 A 1	1		3 - 3 - 3	
and the second s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13828
1. PLACE OF DEATH	93-2
County Anny Arundel	Registration Dist. No. 23
Village or City Tinthicum / Leif	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elliso Lyons Gren	a ler
Pal Ima all Par	Ward.
(a) Residence: No. (Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 # Dec, 193 5 (Month) (Day) (Year)
5a. If married, widowed, ex-diversed	(month) (bay) (feat)
(or) WIFE of Karl Grempler	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 24 June 1868	l lest saw h.L. elive on 28 D.C., 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at // 20.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hocesewife SAWYER, BOOKKEEPER, etc.	Chronic Nyo Caractig
9, Industry or business in which	1 Xe mer tensier
work was done, as SILK MILL, Jacus	much arded faction
10. Date deceased last worked at this occupation (month end year) spant in this occupation — 425	
Colvert Court	Other Contributory Canses of importance:
(State or country)	Deut Trippe 20
13. NAME Sames W. Lyons	1625
14. BIRTHPKACE (city or town) Califort C	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Laura Virginia Morfolk	23. if death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Culturet Ca	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT ROBATIS From Slev (Address) Suit Prince House	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mahner of injury
Place Culyw Jam Date DIC 31, 1935	Nature of injury
19. UNDERTAKER Thomas W. Singliton (Address) Film Burnie no	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 30 the 35 Dra Registrar.	(Signed) Coloniel Nood M. D.  (Address) Linthium 1937
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Comprai homorphage	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
REPORTER V. S.	:			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	
			= 115 1	

ADDITIONAL	CDACE	FOD	PHIDTHED	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	DI	PHISILIAN

PHYSICIANS should state RD. Every item of inforstated EXACTLY. UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied.

N. B.-WRITE PLA

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

1. PLACE OF DEATH						<i>b</i>	1385;
County C	7	·			_ Registration [	Dist. No. 2 6	
Village or City	cast	ude	(If	No		St.,	Ward
Length of residence in city	or town where	death occurred	yrsmos	ds. How long in U.S. if of	foraign birth?	yrs	mosds
2. FULL NAME(a) Residence: No	Still	CUsual place	ins	If U.S. Veteran specif		rive city or town a	
PERSONAL AND	STATIST			MEDICAL CE			
3. SEX 7 4. COLOR		5. SINGLE, MAR	RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH	12	19	1025
			,		(Month)	(Day)	(Year)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of	d			22. I HEREBY	CERTIFY	. That I attende	ed deceased fro
(or) WIFE OI					19, to	3	
6. DATE OF BIRTH (month, day, a	nd year)	119/3	)	I last saw helive on			; death is sal
7. AGE Years	Months	Days	If LESS than 1 day hrs.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH			
8. Trada, profession, or particular kind of work done, as SAWYER, BOOKKEEPE	cular SPINNER:		ormin.	were as follows:			Date of onse
kind of work done, as SAWYER, BOOKKEEPE  9. Industry or business in w work was done, as SIL SAW MILL, BANK, etc.  10. Date daceasad last worke this occupation (month)	hich K MILL.			3 mosel	and a	*************	
10. Date daceasad last worke this occupation (month year)	d at and	SD3	ime (yaars) nt in this upation				
12. BIRTHPLACE (city or town)	M	1		Other Contributory Causes of impor	tança:		
(Stata or country)	En J	mo		-			
13. NAME  14. BIRTHPLACE (city or town (Stata or country)	)	122	/	Name of operation What test confirmed diagnosis?			
15. MAIDEN NAME  16. BIRTHPLACE (bity or town	yla	in gr	on	23. If death was dua to external caus Accident, suicide, or homicide?	es (VIOLENCE) fill	in also the follow	Ing:
17. INFORMANT	Cin	B	7	Where did injury occur?	(Specify city or I	town, county and S	State)
(Address)  18. BURIAL, CREMATION, OR REM  Placa Tross	OVAL Dem	Date See	20,1935				
19. UNDERTAKER Graf	line !	Liss		Nature of injury  24. Was disease or injury In any wa			
20. FILED Dec 20, 19.	35 /5	tus T. D	ent MD Registrar	(Signed) (Address)	L W	Way	M.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Cerebral hemograpase	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MINIAU V. S.				
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
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BINDING

RESERVED FOR

MARGIN

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYL	AND-CERTIFICATE	OF	DEATH
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20					
	1	3	Q	3	1
	-di	9	0	U	2

1. PLACE OF DEATH		948		10001	
County Anne Arundel		Re	gistration Dist. No.	21	
Village or City Annapolis		No. 1 Martin	St.,	1 Ward	
Length of residence in city or town where dee	th occurred 17 yrs mos	death occurred in a hospital or institution, gi	re its NAME instead of street and n birth?yrs	d number) .mosds.	
2. FULL NAME RAYMOND			N CORPORATE LIMIT		
(a) Residence: No. 1 Martin	n St.	St., Ward.			
PERSONAL AND STATISTIC	(Usual place of abode)		nonresident give city or town a		
	. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH	TIONTE OF BEATTI		
male white	OR DIVORCED (write the word)  Married		ember 2 (Day)	, 193 5 (Year)	
5a. If married, widowed, or divorced HUSBANO of Mande B. He (or) WIFE of	arrington	22. I HEREBY CE Nov 30 193.	RTIFY That I attended	-	
6. DATE OF BIRTH (month, day, and year)	ly 4. 1893	i last saw h www elive on Den		death is said	
7. AGE Years Months	Oays If LESS then I day,hrs.	to heve occurred on the date stated ebove The PRINCIPAL CAUSE OF DEATH and	e, atSpm.		
8. Trade profession or particular	40   ormin.	were as follows:	Urmbase	Oate of onset	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Laboratori	an		Rus,	
ndustry or business in which work was done, as SILK MILL, TT	. Navy Experime	h+o-7		2	
SAW MILL, BANK, etc	11. Total time (years) Stat				
o this occupetion (month end yeer)	spent in this				
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance			
(Stete or country) Nebra	aska				
13. NAME John A. Harr	ington				
13. NAME John A. Harr:	nown	Neme of operation	Date of	*7.	
(Stete of country)		What test confirmed diagnosis?	Was there a	n autopsy?	
15. MAIOEN NAME Minnell Dru  16. BIRTHPLACE (city or town) un)		23. If deeth was due to externel causes (V			
16. BIRTHPLACE (city or town) un.	known	Accident, suicide, or homicide?	Date of injury	, 19	
(Stete of county)		Where did injury occur?(Sp.	ecify city or lown, county and S	itate)	
17. INFORMANT Mrs. Maude Har (Address) 1 Martin St.		Specify whether injury occurred in INDU	SIRT, IN HOME, OF IN PUBLIC	PLAGE.	
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury	**************************************		
Plece Annapolis, Md. St. Anne's Ceme	Oete Dec. 6, 19 35	Neture of injury			
19. UNDERTAKER JOHN M. Tay 101		24. Wes diseese or injury in any way rele	ted to occupetion of deceesed?_	Jul	
(Address) Annapolis, Md.	· A	If so, specify	7		
20. FILEO / 2. 4 . 19. 35	Alwye Registrar.	(Signed) Alongu (Address) du	eapoli,	m.D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1021	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago	
	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
J GC. ac	10			
2007 87 3				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

N. B.

certificate.

Exact statement of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

48	9	8 >	00	(3
T	3	8	3	2

1. PL/	CE OF DEA	TH			940				
Cou	unty Anne	Arunde	1		Registration Dist. No. 21				
Vill	age or City Al	napolis			No. 38 Franklin st	3 Ward			
len	oth of residence in ci	ity or town where de-	ath occurred (	<b>(7)</b>	f death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution in the death occurred in				
					10 mong m 0.0.11 of foreign bitting 15	110303.			
		ARY ALEXA			WITHIN CORPORATE LIMITS OF				
(a)	Residence: No.	38 Frank	(Usual place		St., 3 Ward.  If nonresident give city or town an	d State			
PE	ERSONAL AN	ID STATISTIC	AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX				RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 10 (Month) (Day)	, 193 5 (Year)			
5a. If marri HUSB	ied, widowed, or divo	orced	. Heal	7	22. 1 HEREBY CERTIFY, That I attended				
6. DATE O	F BIRTH (month, da	y, and year) Au	g. 1. 1	L858	I last saw h w allve on De 10 1933	; death is said			
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 445 ml.				
	77	4	9	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsat			
0		as SPINNER, NOI	ne		Ougrua Pectorio	feet te			
10.00	dustry or business in work was done, as SAW MILL, BANK, te deceased last wo this occupation (mo year)	rked at onth and	11. Total t	time (years) ent in this					
	PLACE (city or town)	Glouces		u pation	Other Centributory Canses of importance:	- Server			
2 13. NA	ME Thomas	Booth.		erro	Cr. Ma ace to tre	4m.			
13. NA 14. BIF	RTHPLACE (city or to	own)		************	Name of operation Date of _				
	(State or country)		rginia		What test confirmed diagnosis? Was there an	autopsy?			
프	RTHPLACE (city or to	Mary St.	cester		23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	0			
¥ 10. 511	(State or country)		irginia		Where dld injury occur?				
17. INFORM	MANT Mrs.  Idress) 38 F1	Carey L	Mered	lith, mapolis,	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ale) LACE.			
	ce Annapo Cedar	lis, Md.		12,1935	Manner of injury	*****			
	TAKER John	M. Taylo			24. Was disease or injury in any way related to occupation of deceased?				
	11	19.35	Mary	Registrar.	(Signed) (Addyss Sures of Park	M. D.			
		If more blo	anks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting &. S. No. 1.				

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10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH				
County	Anne Aru	ndel		Registration Dist. No. 23	
Village Dr (	city Annapol			No. Emergency Hospital St., 2  f death occurred in a hospital or institution, give its NAME instead of street and s	number)
	ME SARAH J	Secretary of the latest	Name to State of the	alout interests for the property set should	
	nce: No. 301 Fi	fth St.	Easport		
PERCON	IAL AND CTATIC		ce of abode)	If nonresident give city or town and	State
3. SEX	AL AND STATIS		ARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
female	white	OR DIVOR	CED (write the word)	December 6 (Month) (Day)	, 193 <u>5</u> (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced Wm. D. Hop	kins		22. I HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH	(month, day, and year)	Oct. 1.	1869	3.4	_; death Is said
	ars Months	Days	If LESS than	to have occurred on the date stated above, at 12-234 m.	
6	6 2	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
SAWYER  9. Industry or	ession, or particular work done, as SPINNER, t, BOOKKEEPER, etc business in which	<u>n</u>	one	Cerebral demontage	au 5/3
SAW MI 10. Date deceas this occu year)	s done, as SILK MILL, LL, BANK, etcsed last worked at upation (month and	11. Tota	l time (years) pent in this crupation		
12. BIRTHPLACE (c	ity or town)	yland.		Other Contributory Causes of importance:	-
™ 13. NAME S	Samuel C. H	evell		arteriroclusio	
1.7	E (city or town)	arvland		Name of operation Date of What test confirmed diagnosis?	
15. MAIDEN NA	ME Hester A			What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOLENCE) fill in also the followin	
6 16. BIRTHPLACE	E (city or town)	arvland		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT (Address)	Lewis A.	Hopkin	S	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMA	TION, OR REMOVAL	• Date De	c. 8, 19 35	Manner of injury	
19. UNDERTAKER (Address)	lar Bluff ( John M. Tay Innapolis,	lor. Md.		24. Was disease or injury in any way related to occupation of deceased?	m.
20. FILED 12	1935	JMM	Registrar.	(Signed) Manney J. K. Cerron (Address) 3/ 8 mm Gatz an	⊋M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECENTED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1935	July 5, 1927	Peritonitis	3 days ago
MODAL V. S.	\$		
Other contributory causes of importance:		Other contributory causes of importance:	9 12 12 18
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

13834

I. PLAC	E OF DEAL	IH.			(165)	7.
Count	y A	nne Aru	ndel		Registration Dist. No. 2	2
Village	e or City	Jessup	Md.		No. House of Correction st.	Ward
Length	of residence in cit	y or town where o	death occurred		death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and institution.	
			. Hudso			
	esidence: No.		11 6		St. Ward.	
(a) N	esidelice. No.	*******	(Usual place	of abode)	If nonresident give city or town an	d State
PER	SONAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male		te		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  December 11  (Month) (Day)	., 193 5 (Yeer)
5a. If merried, HUSBAN	, widowed, or divor	rced				
(or) WIF					22. 1 HEREBY CERTIFY, That I attended	
6 DATE OF B	BIRTH (month, day	and weer) A	arch 13	. 1858	I last saw h alive on 19	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at _ 6 . 25 mA . M .	, σοστιί το σοισ
	77	8	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
8. Trade	, profession, or pa	rticu lar	1	,	Suicide by hanging with	Date of onset
O SA	nd of work done, of AWYER, BOOKKEE	PER, etc	wknow	<u>V</u> .	leather belt.	
S/ Indust	try or business in ork was done, as S AW MILL, BANK, e	which ILK MILL,				
10. Date	deceased last wor	ked at	11. Total t	ime (years)		
- 17 - 111	is occupation (mon eer)			nt in this upation		
12 RIRTHPLA	ACE (city or town).	Balti	more		Other Cantributory Causes of Importance:	
	or country)		ryland			
13. NAME	Georg	e Hudso	n (De	ceased)		
13. NAME	IPLACE (city or to	wn)			Name of operation Date of_	
(S	State or country)	Mu	Kuowu		What test confirmed diagnosis? Wes there an	autopsy?
15. MAID	EN NAME Ma	ry Henr	ickle	17	23. If death was due to external causes (VIOL ENCE) fill in also the following	
	PLACE (city or to	wn)	b		Accident, suicide, or homicide?SlicideDate of Injury	2-41-3
< ) (S	State or country)	- Mil	Mari	~	Where did injury occur?(Specify city or town, county and St	ate)
17. INFORMAN		uguis		01	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
(Addre	REMATION, OR R	essups,	Maryla	nd	Manager	
Place_	101	till	Date De	ex3,1935	Manner of injury	
	2	1. Tlo	aller	re 1	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAI		rank	,	mol	If so, specify	1.1
6	Dec (VB	35-10	Par yes	Thrale	(Signed) Harry 1 Miller	M. D.
20. FILED		9.00.	***************************************	Registrar.	(Address) Jessup, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
N. S. C.			. = /	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

RESERVED

MARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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3

-WRITE PLAINLY,

N. B.

1. PLACE OF DEATH	93-2
County U. U. CO.	Registration Dist. No.
Village or City Weas, Adulos,	No. St., Ward
(If Length of residence is City or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  Qds. How long in U.S. if of foreign birth?yrsmos,ds.
Variable Control	ackson
2. FULL NAME and and	If U.S. Veteran specify WAR
(a) Residence: No. Udustum My	St., Ward.  If nonresident give city or town and State
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 0 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH // 2
wall will oR Divorced (write the work)	Month) (Day) (Year)
5a. H. married, widowal, or divorced . Hustand. of.	
(or) WIFE of Jennel V. Jackson	22. I HEREBY CERTIFY. That I attended deceased from 1935, to NUC 28. 1935
6. DATE OF BIRTH (month, day, end yeer) (cuq. 13, 1847	Hast sow him elive on POCC, 27 1935; death Is said
7. AGE Years   Months   Bays   If LESS than	to have occurred on the date stated above, at 2:45 m. h.
88 4 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	Date of onest
kind of work done, as SPINNER, Cashules and	Magocardial aldereration
kind of work done, as SPINNER, Carpenter Wall SAWYER, BDOKKEEPER, etc.  Industry or business in which work wes done, es SILK MILL, Recellant SAW MILL, BANK, etc.  10. Date deceased last worked at April 11. Total time (years) this occupation (month end	Collect and the
SAW MILL, BANK, etc.	and writing clerages of
	1/4
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Mary and	
(State or country)	
14. BIRTHPLACE (city or town) Thank fauly	
4. BIRTHPLACE (city or town) Many Cauch	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Manalel VV alser	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Makalil Walter  16. BIRTHPLACE (city or town) McCoffee	Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT - A Jaspes Control of Chapter of The Control of the	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB_REMOVAL	Manner of injury
Place mot Clivet Date Doc 3/ 1035	
som o. a.	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way rotated to occupation of deceased?
(Address) /2// SA() 'que SA.	If so, specify ( ) have able v
20. FILES DLC 29, 1935 N. d. Jones	(Signed) V. O. Harris M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 V. 3.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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certificate.

TION is very important. See instructions on back of

-WRITE PLAINLY,

N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	2	0	9	4. 6
1.	3	0	J	6

1. PLACE O	F DEATH				(93-c)		
County	Anne Ar	undel				Registration Dist. N	0. 3 25
Village or C	ity_Sol1	ey's			Np.		St., Ward
Length of resi	idence in city or	lown whera d	eath occurred	I vrs - mos	death occurred in a hospital or insti-	tution, give its NAME instead of forging birth? 46 vr	of street and number)
2. FULL NA							VI
		olley'			If United States		
(a) Residen	ice: ND.	Otloy	(Usual place	of abode)	St.,Ward.	If nonresident give city	or town and State
PERSON	NAL AND S	TATIST	CAL PART	CULARS	MEDICAL	CERTIFICATE OF I	DEATH
3. SEX Female	4. COLOR OR	RACE ite	OR DIVORCE	RIED, WIDOWED, D (write the word) dowed	21. DATE OF DEATH	(Month) (O	2 , 193 5 (Yaar)
5a. If married, widow HUSBAND of						V 0 = D = 1 = V =	
(or) WIFE of	Frank	Jan	uszewski	,	22. Sept HEREB	Y CERTIFY, The	1 lattended deceased from
6. DATE OF BIRTH	(month day and	vear)	Unknown	1871	I last saw h evalive on	nov. 30	19 3 J death is said
7. AGE Yes		Months	Days	If LESS than	to have occurred on the date sta	ited above, at 12 = R.m.	
	64			I day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH end releted causes of imp	portance Date of onset
8. Trade, profe	ssion, or particu	ar	Not Em	nl ourd	4/		Date of ourset
SAWYER	work done, as SI , BDDKKEEPER, business in whic		NOC MA	proya	Volgpertens	an.	1930
work wa	s dona, as SILK LL, BANK, etc	MILL.			Colone myor	arditis	1934
ID. Data daceas	ed last worked a pation (month ar	nt nd	sp8	tima (years) ent in this upation			
12. BIRTHPLACE (ci		Ge	rman Pol	and	Other Contributory Causes of im	portance:	nonia hov. 2
13. NAME -	-****-	Grozin	ski?		artenoscle	rosis.	1928
I 4. BIRTHPLACI	E (city or town)_	Ge	rman Pol	and	Name of operation		Date of
(State of	r country)				What test confirmed diagnosis?_	Climal V	Was there an autopsy?
15. MAIDEN NA	AME		known		23. If death was due to external c	auses (VIDLENCE) fill in also	the following:
	E (city or town)_ r country)	G	erman Po	land	Accident, suicide, or homicide?_ Whera did injury occur?		
17. INFORMANT	ouis Ja	nuszew:	ski, (Son	n) ners Poh.	Specify whether Injury occurred	In INDUSTRY, in HDME, or i	in PUBLIC PLACE.
18. BURIAL, CREMA		/AL	Date Dec.		Menner of Injury		
19. UNDERTAKER		lowski deru (	and ?	Bous	24. Wes diseasa or injury in any If so, specify	way related to occupation of	deceased?
20. FILED Se	4.3.,193	5. Vda	M. Hhi.	Lena Registrar.	(Signed) aunu (Address) 1009	annafolis	Bliff-

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example La		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
- 35	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STAT	<b>FEMENTS BY</b>	PHYSICIAN
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RD. Every item of infor-PHYSICIANS should state -WRITE PLACEY, WATH UNFADING LAND A Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state H UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PL. V. S. No. 1

1. PLACE OF DEATH			159		2 3000
County .	Co.	lg.		Registration Dist. No. 2	
Village or City Lenn	ap o	lis.	No. 8 5	ion, give its NAME instead of street a	Ware
Length of residence In city or town where	eath occurred	mo	sds. How long in U.S. if of	foreign birth?yrs	_mos,ds
2. FULL NAME (Dalu) (a) Residence: No. (2)	(Usual place	Cuf cuf	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CE	ERTIFICATE OF DEATH	
4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193. <b>5</b> (Year)
HUSBAND of (or) WIFE of	C	7	Doe 2HEREBY	CERTIFY, That I ettend	ed deceased
DATE OF BIRTH (month, day, and year)	Dec.	21,1935	I last saw h A alive on	Dec 21 - 197	; deeth is sel
. AGE Years Months	Days	ff LESS than	to have occurred on the date states	d ebove, et 5:40 P.m.	
		I day,hrs	The PRINCIPAL CAUSE OF DEAT	H and related causes of importance	Date of ense
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Premotent	}	
10. Oate deceased last worked at this occupation (month and year)	11. Total	time (years) ent in this upation			
2. BIRTHPLACE (city or town)	napo	oho	Other Contributory Causes of impo	rtance:	
(State or country)	f	D. Mar.	MA		
13. NAME yeard	Jens	ens).			
13. NAME	asna	bous	Name of operation	Dete o	·
(State of Country)	- 70 -	- 6114	What test confirmed diagnosis?	Was there	in au'opsy?
15. MAIDEN NAME Level	acce	some	23. If death was due to external cause	ses (VIOLENCE) fill in also the follow	ving:
15. MAIDEN NAME Pertue  16. BIRTHPLACE (city or town)	may	olas	Accident, suicide, or homicide?	Date of injury	, 19
(State or country)	& In	Bind,	Where did injury occur?	(Specify city or town, county and INOUSTRY, in HOME, or in PUBLIC	State) PLACE
(Address) / lensor	1 ou	a. ma			
8. BURIAL, CREMATION, OR REMOVAL	1 12	127, 24	Manner of Injury	*******************************	
Place Discus / Harf	Date_/	الدوا, رام می	Neture of Injury		
9. UNDERTAKER 6 has	8 H	in for	24. Was disease or injury In any wa	y related to occupation of deceased?	no
0. FILED 17 72 19 35 1	LANN.	me)	(Signed) ITA, Y	milwandam	M.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	control.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis IAN 0 1500	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HIDEAU V.	1.			
Annual control of the		*		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
· ·	<u> </u>			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 E

should state

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(82a)
county June Urundel	Registration Dist. No.
Village or City Areer 4	NoSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
Sleed of	
2. FULL NAME + Cualifor 110	ukues
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nec 20 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of Scurrey.	22. I HEREBY CERTIFY, That I ettended deceased from
March 28-1853	1   1   1   1   1   1   1   1   1   1
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Oays   If LESS than	to have occurred on the date stated ebove, atm,
(2)   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
N Trade profession or particular	no physican in attendance.
kind of work done, as SPINNER, Caruler SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	The man had a strang of
work was done, as SILK MILL, SAW MILL, BANK, etc	Profusi Par 4 store
10. Date deceased last worked at this occupation (month and spent in this	never recorded the forth
this occupation (month and spent in this occupation occupation	and on the state of the state of the
12. BIRTHPLACE (city or town) Wareflaced,	Other Contributory Cause of the California California
(State or country)	
13. NAME Thomas Leukins.	
13. NAME Morriag Jewini.  14. BIRTHPLACE (city or town). Harfland.	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME alee Jones	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) lllareflace.	Accident, suicide, or homicide? Oate of injury, 19
∑ (State or country)	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT Natherine Scuking	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Prace VR AM. Cenucley 126, 19 al	Nature of injury
10 MARCHANA J. B. Jolius An	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER  (Address)  (Aucapylia: Md.	If so, specify A A A TOP
12/23.35 WR. Claute	(Signed) (Signed) A Topolo
20. FILEO 19 19 19 19 19 19 19 19 19 19 19 19 19	(Address) Lothiau - A Reg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 0 1000	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	10 - 40 mg	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	S BY	PHYSICIAN
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PRISICIAN

3

# STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Village or City Length of residence la cita (a) Residence: No (Usual place of above) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) talle 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) wie 7. AGE Years Months Days If LESS than I day, .... hrs. or\_\_\_\_min. 8. Trade, profession, or particular CCUPATION

kind of work done, as SPINNER, UC SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc....

10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_\_

12. BIRTHPLACE (city or town (Stete or countly) FATHER 13. NAME

14. BIRTHPLACE (city or fown) (State or country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL

19. UNDERTAKER (Address)

istrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month)

(Day) (Year) That I attended deceased from

If nonresident give city or town and State

The PRINCIPAL CAUSE OF DEATH and related causes of importance

How long in U.S. if of foreign birth?\_\_\_\_

Was there an autopsy?

Data of onsat

Other Contributory Causes of importance

What test confirmed diagnosis?

Where did injury occur?\_

Name of operation

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury\_\_\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.

Manner of injury Nature of Injury.

24. Was disease or injury in eny way related to occupation of deceased?

If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1990	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
a appropriate and the second s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.

1. PLACE OF DEATH  County Counce are and del	Registration Dist. No.	
Village or City Solly	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs	mosds. How long in U. S. if of foreign birth?yrsmos,ds	
2. FULL NAME Cecilia / all	to formson	
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)		
. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased fro	
DATE OF BIRTH (month, day, and year) July 3 - 1916	7 I last saw h Readive on See. 77, 19 37; deeth is se	
AGE Years Months Days If LESS than 1 day,n.		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Justinoway tabuentris	
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and spent in this		
year) occupation	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)		
14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis?	
15. MAIDEN NAME Eliza Turone	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Eliza  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19  Where did injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
7. INFORMANT Eliza Esturation (Address)		
8. BURIAL, CREMATION, OR REMOVAL Place Pur Calculation 12-10, 195	Manner of injury	
19. UNDERTAKER 20. a. Jackson 19. (Address)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	
20. FILED /2-7, 1925- Z. a. 832	(Signed) Address Assaulana M.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3 days ago
		DEC TA	3-}
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

Exact statement of OCCUPA-

certificate.

See instructions on back of

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	")	()	1	5
1	3	G	4	4

1. P	LACE OF DEA	TH			23		
	County_Anne_	Arundel			Registration Dist. No. 2		
1	Village or City	rownsvill	a Stat	e Hospit	al_NoSt.,Ward		
	Length of residence in c	ity or town where deatl	occurred	Vrs. 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?		
1	ULL NAME	and the same of th	l Johr		If U. S. Veteran, specify WAR		
	(a) Residence: No.	Bal	timore	, Maryla:			
	(a) Residence. No.		(Usuai place	of abode)	lf nonresident give city or town and State		
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH		
1. SEX 1.			OR DIVORCE	D (write the word)	21. DATE OF DEATH  December 14th (Pay) (Year)		
HU	arried, widowed, or div JSBAND of r) WIFE of	orcad			22. I HEREBY CERTIFY, That i attended deceased from		
6. DATE	E OF BIRTH (month, da	y, and year)	1908		i last saw h. er alive on Deo, 14th 19 35 death is said		
7. AGE	Years 27	Months Unknown	Days	If LESS than  1 day,hrs.  ormin.	to have occurred on the data stated above, at 5 Pe m.  Tha PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:		
NO17	Trada, profession, or p kind of work done SAWYER, BOOKKE	, as SPINNER, EPER, etc	Laur	ndry work	Pulmonary tuberculosis 2/3/34		
OCCUPATION	Industry or business i work was done, as SAW MILL, BANK,	SILK MILL.					
00 10.	Date deceased last wo this occupation (mo year)	rkad at onth end	11. Total t spa occ	ime (years) nt in this upation			
	THPLACE (city or town) (State or country)	North	Carol	ina	Other Centributory Causes of importance:		
2 13.	NAME Unkno	wn					
14.	BIRTHPLACE (city or t (State or country)	own) Unkno	own		Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?		
置 15.	MAIDEN NAME	Unkno wn			23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) Unknown  (State or country)			nknown		Accident, suicide, or homicide? Data of injury		
	JUNIAN I	oital Reco		and	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BUR	IAL, EREMATION, OR	REMOVAL	Date 12/	50 ,1935	Manner of injury		
	DERTAKER (Address)	R. P. Wa	will	In Sups	24. Was disaase or injury in any way related to occupation of daceased?		
20. FILE	D 12/20	1935 5-7	7. 500	Registrar.	(Signed) M. D.  (Address) Crownsyille, Maryland		
		If more blan	ks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.- The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

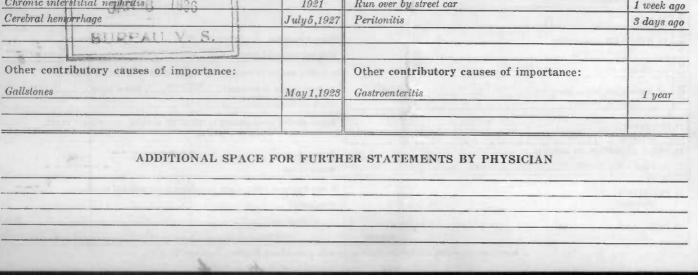
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset		
Chronic interstitial nephritis 1000	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago		
SUPPAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		



V. S. No. 1

	LACE OF DEAT				(23)			
	County Anne	Arundel			Registration Dist. No.	3//		
4.5	Village or City C:	rownsvi.	lle Sta	te Hospi	tal <sub>No.</sub>	Ward		
	Length of residence in cit	y or town where de		yrs 5 mos	death occurred in a horpital or institution, give its NAME justead of street and ds. How long In U.S. if of foreign birth?	number)		
V	ULL NAME	F70 7 1	1 01		If U. S. Veteran, specify WAR	,		
	(a) Residence: No	519 Rob	ert Sti (Usualplace	eet, Balt	imore Ward.  If unpresident give city or town and	d State		
	PERSONAL ANI	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	Didic		
3. SEX		OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  December 29 1935 (Day) (Year) (Year)			
5a. If m	arriad, widowed, or divor		21.116	ite.	(Month) (Day)	(Year)		
HL	ISBAND of r) WIFE of				June 28 1937, to Dec-29-35	deceased from		
6. DATI	E OF BIRTH (month, dev.	and year) Mg	T T4 T6	297	l last sew h im alive on I2/28.35	: death is sain		
5. DATE OF BIRTH (month, dey, and year) May . T4 . T827  7. AGE Years Months Days If LESS than 1 dey,				If LESS than 1 dey,hrs.	to have occurred on the date stated above, a 5 . I 5 Am. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8 Trade protection of particular Change Change					Pulmonary tuberculosis	Date of onset		
OCCUPATION STATE	Industry or business in work wes done, as SI SAW MILL, BANK, et	which						
00 10.	Data deceased last work this occupation (mon year)	ked at	spe	ime (yeers) nt in this upetion				
12. BIR	THPLACE (city or town) (Stata or country)	-Meryla	nd		Other Contributory Causes of importance:			
œ   13.	NAME Char	les John	nson					
E	BIRTHPLACE (city or tov	Mary.	land		Neme of operation			
	(State or country)	and a Dad	7 7		What test confirmed diagnosis?			
티	BIRTHPLACE (city or tow (State or country)	Mons	lly yland		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19		
17. INFORMANT Hospital Records (Address) Crownsville State Hospital				ospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BUR	IAL, CREMATION, OR RE	4.	Daty Ken /	,1936	Manner of Injury			
	DERTAKERUM. See (Address) 1631-DA	orge X. X	olland - Ball	emon hed.	24. Was disease or injury in any way related to occupation of declased?	2		
20. FILE	D. 724	31 2 -	1. 1040	Registrar.	(Signed) (Address) TOWNSVI-112	м. г		
		If more b	lanks are needed, o	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. 109	pital		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1936 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAL	V. S.		30 290
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



certificate.

TION is very important. See instructions on back of

# CTATE OF MADYLAND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(50)
County (lune While CV	Registration Dist. No. 21
Village or City Mill Livami	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)    Solution   Solutio
2. FULL NAME Sarah Solusian	
(a) Residence: No. Mul Humby - C	1. St., Cv- Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colour S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) Wife of The There	1 HEREBY CERTIFY, That I attended daceasad from
	last saw hear alive on the Research 19.3 deepth is said
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	to have occurred on that date stated above, at
10 5 15 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	January Von hand
9 Industry or business in which	1-1921
work was done, as SILK MILL, SAW MILL, BANK, etc	
O this occupation (month and spent in this	
year) occupation refu	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	MA
13. NAME NOT MULL	
14. BIRTHPLACE (city or town) Maryland	Name of operation Data of Data of
(Stata or country)	What test confirmed diagnosis? Leveral Was there an autopsy!!!
15. MAIDEN NAME Celly Harrice	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) McGyland	Accident, suicide, or homicide? Date of injury
(Stata or couplry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CADE TO LANDON	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Chow Copel Date DOC 1814, 1935	Nature of injury
19. UNDERTAKER A Lashum (Address) Lasoffe Company	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 17-14 695 & Marsh 4.	(Signed) (Address) (Address)
Registrar.	(Address)
aj more vianks are necacu, adaress State Registrar,	2411 1. Chance Street, Daimmore, Requesting U. S. IVO. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
300	1	12	
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	M 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRITE PLA

should state

9. Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		93-6		_
County (Lucie) C	runde	1	Registration Dist. No	20
Village or City Deale		No	St	t.,War
		death occurred in a horpital or instituti		
Length of residence in city or town where death occ	urred_6_7_yrsmos.	ds How long in U.S. if of	foreign birth?yrs	mosa
2. FULL NAME ( harles	Stano	66		
(a) Residence: No.		St., Ward.		
	Javal place of abode)		If noncesident give city or tow	
PERSONAL AND STATISTICAL			ERTIFICATE OF DEAT	TH
	GLE, MARRIED, WIOOWED, DIVORCED (write the word)	21. DATE OF DEATH	Teel. 18	193 5
Male 24 Rile 2	tedowed		(Month) (Day)	(Yaar)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY	CERTIFY, That I atte	ended deceased fro
(or) WIPE of CILLUAN B F	22 d.	7-11	1935, to Della	8 19.3
6. DATE OF BIRTH (month, day, and year)	0/11/19/1	I last saw h	11 10	3.5; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated	1 - 1 -	
199	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT		,-
8 Trade, profession, or particular	ormin.	were as follows:	ditis Cho-	Oate of ons
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	teres and	J. H. borg V. Call be	The state of his last a Vanna 200 a glad hely a b	
9. Industry or business in which		(Desite) 4	oll Dopas St	0. 12/1.
work was dona, as SILK MILL, SAW MILL, BANK, etc			Ka-lahanghangha langhi da a dhiad	reg sy
10. Oata deceased last worked at this occupation (month and	11. Total time (years) spant in this		p	
year)	occupation	Other Contributory Caoses of impo	rtance:	
12. BIRTHPLACE (city or town)	Missel			
(State or country)	, , , ,			
13. NAME Joseph J	anojes			
14. BIRTHPLACE (city or town)		Name of operation	Oate	e of
(State of country)	lany	What test confirmed diagnosis?	Was then	re an au'opsy?
15. MATOEN NAME Mary Ill	illea	23. If death was due to external cau	ses (VIOLENCE) fill in also the fol	Howing:
15. MAIOEN NAME Mary 11.  16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?	Date of injury	
E (State or country)	rugny	Where did injury occur?	(Specify city or town, county as	16
17. INFORMANT albert 2	tood	Specify whether injury occurred in	INOUSTRY, In HOME, or in PUBL	IC PLACE.
(Address) Million	olf			
18. BURIAL, CREMATION OR REMOVAL	12/2/ 31	Manner of injury	1	
Placa Oate	, 19	Nature of injury	4	
19. UNDERTAKER NOWS HOTE	of or	24. Was disease or injury in any wa	ay related to occupation of decease	d??/
(Address) Trees	delugg. he	If so, specify		/
20. FILEO 12/1935- 14-	D- (glacito	(Signed)	3 West	M.
20. 11660	Registrar.	(Address)	The last AL	wels!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

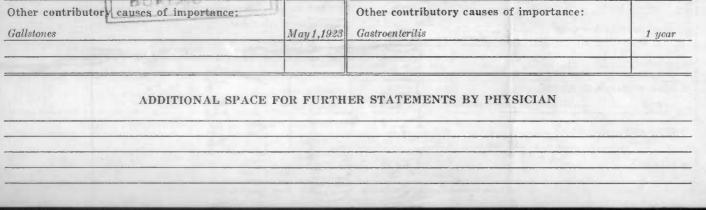
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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 6 1938	July 5,1927	Peritonitis	3 days ago	
BUSEAU V S. I		Other and that are courses of importance		
Other contributory causes of importance;		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	



of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(120)	
County Anne Arun	iel		Registration Dist. No. 21	
Village or City Annapol:			No. Emergency Hospital St.	Ward
Length of residence In city or town where d			f death occurred in a horpital or institution, give its NAME instead of street and s. 19 ds. How long In U.S. if of foreign birth?	
2. FULL NAME WALTER ST.	ANLEY LI	EDGER	WITHIN DEAFOREST	
(a) Residence: No. 19 Hill	(Usual place		St., 3 Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 2 (Month) (Oay)	., 193 <b>5</b> (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) AD	ril 13.	1932	I last saw h. m alive on Dec 2 , 19 J	; death is said
7. AGE Years Months	Oays	If LESS than	to have occurred on the date stated above, at	
3 7	19	1 day,hrs. ormin.	were as follows:	Date of onset
9. Industry or business in which	none		Encentalities dente	20130
work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)	spar	Ime (years) ntin this apation		
12. BIRTHPLACE (city or town)Annap_ (State or country) M	olis, aryland	•	Other Contributory Cames of importance: Online Contributory Contributo	200/2
13. NAME Stanley Led	ger			~
13. NAME Stanley Led 14. BIRTHPLACE (city or town) (State or country) M	ass.		Name of operation	VX
	assell		What test confirmed diagnosis? Was there an	
I	altimor Md.	е,	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and St. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	, 19
(Address) 19 Hill St	Annap o	lis, Md.		
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Ceder Bluff Ce		4, , , 19 3	Manner of injury	
19. UNDERTAKER John M. Tayl			24. Was disease or injury in any way related to occupation of deceased?	200
20. FILED 1 2 4 1935	Men	Registrar.	(Signed) Long Don't	М. о.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I	-1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1929	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYLAN	ID-CERTIF	FICATE	OF	DEATH
	-					

4	9	()	11	10,
-71	3	N	41	1
	U	1	3	107

1. PLACE OF DEATH		82-0)	OUT
County Anne Arundel		Registration Dist. No. 20.	
Village or City A.A. Co. Home  Length of residence In city or town where death occurred A. yrs		No. St.,	
2. FULL NAME ON C. Xen  (a) Residence: No. Anne full (Usual place of abod)	le & M	Here Ward If nonresident give city or town and	Stale
PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V OR DIVORCED Swite		21. DATE OF DEATH (Month) (Dev)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended of	Jeceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If	1848 LESS than	to have occurred on the date stated above, at 1930.	; death is said
87 1848 - 1 day	y,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc		Certral Summor Lage	Dec. VI 3
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  occupation	is /		
12. BIRTHPLACE (city or town) Aary and		Other Contributory Causes of importance:	1
13. NAME Do not do not;		Name of operation	
(State or country)		What test confirmed diagnosis?	utopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	<b>~</b> ,	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	
17. INFORMANT has Was Inches. (Address) . Edge water, his,		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.
18. BURIAL, COEMATION, OR REMOVAL Place War / F. Il And Date Vec 28		Manner of injury	
19. UNDERTAKER OM Cack (Address) 1217 HPaul & Bullings	ns'	24. Wes disease or injury in any way related to occupation of deceased?	10
20. FILED Dec 26 , 1935, Carrie J Sui	Registrar.	(Signed) Austran yay (Addless) Down Sun vill	e The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. . S . V I A 14 14

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1511	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:





Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1A 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
lance .	- Special Confession of the Co		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN		

V. S. No. 1

#### STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	72-2
County Anne trundle	Registration Dist. No. 2-3
Village or City Harman (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Allaite Downs To	WWW.Veteran apecify WAR.
(a) Residence: No. At Sty (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  2 2 December, 1935  (Month) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND of 2 (00) WIFE of Rezin Denton Lowman	22. I HEREBY CERTIFY, That I attended deceased from 12 Sep 1934, to 2-2 dic 1935
6. DATE OF BIRTH (month, day, and year) 2. April 1873	I last saw her alive on 22 De , 1934; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
62 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Osler's Disease)
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
11. Total time (years) this occupation (month and office of year) year) occupation	
12. BIRTHPLACE/City or town) Carry County (State or country) Mary Land	Other Contributory Canes of Importance: Leulemia  Sko 1935
13. NAME Losesh Down	Kypertensien
13. NAME South South  14. BIRTHPLACE (city or town) Charles County  (State or country) MA and and	Name of operation Date of Date of
٣١ ٠ ١١ ٠ ١١	What test confirmed diagnosis 2 Way there an autopsy?
15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Adelaide Downs Lowman	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) A A A A A A A A A A A A A A A A A A	Warmer Transl
Place Badea Church yane Dec 21, 135	Nature of injury
19. UNDERTAKER REMANDED DANGELON (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1223, 1935 mysealbo	(Signed) OUS VILL VOOTEUF M. D.
Registrar.	(Audress) / Avenue Comment of the first

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related of importance were as follows:	Causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAA 6 1936	July 5,1927	Peritonitis	3 days ago	
We will V.	s.			
Other contributory causes of importance:	A Samuel Comment	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN
1SX husband was the highest of	Charles Count
who died. Married Regin howman	1912 - who whato
awforder.	
<b>\( \lambda \)</b>	

3

MARGIN RESERVED FOR BINDING

-WRITE PLAINLY,

V. S. No. 1 N. B. 13850

1. PLACE OF DEATH					33	, ,
County Anne Arundel County					Registration Dist. No.	201
	c or only		lle , M	_ (1f	No.  death occurred in a hospital or institution, give its NAME instead of stre  ds. How long in U.S. if of foreign birth? — yrs.	St., Ward eet and number)
2 FIII 1	L NAME I	ora Mar	shall		If U. S. Veteran, specify WAR	
			et Coun	ty	St, Ward.  If nonresident give city or to	wn and State
PER	RSONAL AN	ID STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEA	
3. SEX Femal		or or race slack	578INGLE MAR OR DIVORCE Marrie	RRIED MYDOWED. D (while the Word)	21. DATE OF DEATH 12 18 (Month) (Day)	, 193 5 (Year)
5a. If married 11039An (or) WIF	t, widowed, or divo		arshall		22. I HEREBY CERTIFY, That I at Sept. 28	
6. DATE OF	BIRTH (month, da	y, and year)	1888 -	unknown	I last saw h_er_elive on_Dec18	935 death is seld
7. AGE	Years 47	Months	Deys	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at 5:45 mP 1  The PRINCIPAL CAUSE OF DEATH and related ceuses of important were as follows:	
8. Trade	e, profession, or poind of work done, AWYER, BOOKKE	es SPINNER.		find water	General Paresis	Date of offset
9. Indus	stry or business in	n which SILK MILL.		See app.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end year)  0. Coccupation					Other Coutributory Causes of importance:	
	ACE (city or town) or country)		unknon	<u></u>	Uther Coatributory Chases of Importance: Lues	
₩ 13. NAMI	Ε	7	97			
	HPLACE (city or to State or country)	own)	211		Name of operetion Do	
15. MAID	DEN NAME	7	? "		23. If deeth wes due to externel causes (VIOLENCE) fill in also the f	
15. MAIDEN NAME ? 4/ 16. BIRTHPLACE (city or town) ? 4/ (State or country)					Accident, suicide, or homicide? Date of injury.  Where did injury occur?	, 19
17. INFORMANT Hospital Records (Address) Crownsville, Maryland					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	and State)
18. BURIAL, CREMATION, OR REMOVAL Place Logil Ceculary Date 12/20 , 13/					Manner of injury	
19. UNDERTAKER De H. P. Wender order Duft, (Address) Crownhortle					24. Was disease or injury in any way related to occupation of decear	sed?
20. FILED	-/,	1970	2 th	Registrar.	(Address) Grownsy-i-	M. U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 11.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 0 1000	July 5, 1927	Peritonitis	3 days ago	
BURGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ARUNDEL	13851
County	Registration Dist. No
Village or City HIGH POINT	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
11 4 1	us. How long in 0.3.11 of foreign bittin:yrsmosos.
2. FULL NAME Goda X. Masson	18.C. V
(a) Residence: No. 620 - M Fullon au (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female while widow	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of England R. Mason	1 HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Non 202	I HEREBY CERTIFY, That I ettended deceesed from  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, et $\frac{139}{9}$ $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$
69 - 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
9 Teads profession or nacticular	were as follows:  Cardeau Fibrillation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
RING of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	a my s- Cardello,
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation occupation	, , , ,
m	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chronic Carenthymolous
13. NAME (Ire his look By red	responding,
13. NAME CICELEU A Dyrad  14. BIRTHPLACE (city or town) Empere ce villa	Name of operation while a Date of
(State or country)	What test confirmed diagnosis? Climical Was there en autopsy? 720
15. MAIDEN NAME	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) len gareneously  (State or country)	Accident, suicide, or homicide? Date of injury
State or country)	Where did ajury occur?
17. INFORMANT //orman wel- maso	(Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2730 - Tiwoley and	
18. BURIAL, CREMATION, OR REMOVAL Place Dollar Pare 1935	Manner of injury
Place Date Date , 1997	Nature of injury
19. UNDERTAKER WM COOK	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2/7- At Vaul	If so, specify
20. FILED / 2 , 19 00 00 10. W. W.	(Signed) Albusing I Smerch W. D.

Registrar.

(Address) 2379 arumh ave

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Gallstones	May 1,1923	Gastroenteritis	1 year

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## STATE OF MADVI AND CEDTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING mation shou CAUSE OF TION is ver V. S. No. 1

LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ack of certificate.
INK-THIS IS A PERMAN	should be stated EXAC	it may be properly classif	on back of certificate.
LAINLY, WITH UNFADING	ild be carefully supplied. AGE	DEATH in plain terms, so that	ry important. See instructions on back of certificate.

N. B.-WRITE P

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(J31)
County Comma Conundal	Registration Dist. No. 22
Village or City Section C.O.	NoSt Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cearl me frimes.	If U. S. Veteran, specify WAR
(a) Residence: No. Secent V.O. aa Co (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the ford)	21. DATE OF DEATH  (Month)  (Day)  (Year)
50. If married, widowed, or disorted HUSBANO of Gory WIFE of Geracy Me Princes	22. DI HEREBY CERTIFY, That I attended deceased from 1935, to DEC 21 1935.
6. DATE OF BIRTH (month, day, and year) duy, pan 1891	I last saw h. Sa alive on Dec 20 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
44 3 / 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  O To The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Christ Suterskid Kethertin Sand
9. Industry or business in which	Offerten Eur 4800.
SAW MILL, BANK, etc.	
10. Oata daceesed last worked at this occupation (month and 93 spent in this year) occupation	
7// /-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or lown) (State or country)	Ceretral Kemonhage & days
1 11 11 11 1 1 1 1 1 1	Cerecias necinomage o dagi
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Manage Was that a en eutopsy? Was
I 15. MAIDEN NAME OCK RES Kehr	23. If death was dua to external causes (VIDL ENCE) fill in elso the following:
	Accident, suicide, or homicida?
O 16. BIRTHPLACE (city or town)  State or country)	Where did injury occur?
17. INFORMANT Sykaces Me Jugues (Address) Severes Me	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Idolus Sleep Jangers Date Ree 24, 1938	Nature of injury
19. UNDERTAKER Ployel Maiser (Address)	24. Was disease or injury in any way ralated to occupation of decaased?
20. FILEB DIC 23, 1925 W. L. Jones Resistrar.	(Signed) John fillegunden M.D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
, """, "", """, """, """, """, """, """, """, """, """, """, """, """, "", """, """, """, """, """, """, """, """, """, """, """, """, "", """, """, """, """, """, """, """, """, """, """, """, """, "", """, """, """, """, """, """, """, """, """, """, """, """, "", """, """, """, """, """, """, """, """, """, """, """, """, "", """, """, """, """, """, """, """, """, """, """, """, """, "", """, """, """, """, """, """, """, """, """, """, """, """, "", """, """, """, """, """, """, "",", "",",",",",",",",",",",",",",",",",",","	,

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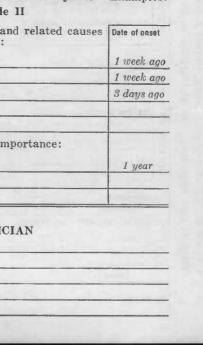
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200	Example I	7.1	Example II		
The principal cause of importance were as	f death and related dauses stollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	IAN 7 1986	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
4					
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



-WRITE

N. B.

certificate.

TION is very important. See instructions on back of

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE	OF DEATH			(85)	
County Anne Arundel Village or City Crownsville State Hospit				Registration Dist. No	21
Village or	City Crownsvi		(ii	tal <sub>No.</sub> f death occurred in a hospital or institution, give its NAME instead of st s	St., Ward
2. FULL N	Dougle	s Merri		If U. S. Veteran, specify WAR	
(a) Reside	ence: No. Balti	more Ci (Usual place		St., Ward.  If nonresident give city or	
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX Male	4. COLOR OR RACE Black	5. SINGLE, MAR OR DIVORCE Single	RIED. WIDOWED. D (write the word)	21. DATE OF DEATH December 25 (Month) (Day)	, 193_35. (Yeer)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, Thet I December 17 135 to Decemb	attended deceased from
6. DATE OF BIRTH	(month, day, and year)	1	916	Hast saw him alive on December 25	1935; death is said
7. AGE Y	ears Months 6 un	Days known	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 12.15em. In The PRINCIPAL CAUSE OF DEATH and related ceuses of importa were as follows:	
SAW M 10. Date decea	i work done, as SPINNER, IR, BOOKKEEPER, etc	spe	r ime (yeers) nt In this pation		4 hour before death
12. BIRTHPLACE ( (State or co	city of town)	th Caro	tina	Other Contributory Causes of Importance: Probably Epilapsy	Unknow
当 13. NAME	Frank Merric	k			
6.7	CE (city or town)	th Caro	line	Neme of operation	-4-
出 15. MAIDEN N		W		23. If death wes due to external ceuses (VIOLENCE) fill in also the	
∑ (Stete	CE (city or town) Nor or country)  Hospital	th Caro		Accident, suicide, or homicide? Date of Injur  Where did injury occur? (Specify city or town, county  Specify whether injury occurred in INDUSTRY, in HOME, or in PU	y and State)
(Address)  18. BURIAL, CREMA  Place  19. UNDERTAKER	ATION OR REMOVAL Toalvary Cen, Francis a Hes	pate De	G. 3Q.,19.35	Manner of injury	
(Address),	578 W Bide 2 26,1935 E	ele St	Registrar.	If so, specify (Signed Chief) (Address)	100 M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I	a company of the comp	Example II		
The principal cause of death and related confimportance were as follows:	pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis IAI , 730	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	C July 5, 1927	Peritonitis	3 days ago	
A Constitution of the Cons				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC V. S. No. 1

	STATE (	OF MAR'	YLAND-	CERTIFICATE OF DEATH	354
1. PLACE OF D	EATH			82-0)	
County Atm	no Hor	unde		Registration Dist. No.	
Village or City_2	Con!	Burn	co M	No. Central & F / Sto St.,	Ward
Length of residence	in city or town where	death occurred	7)	death occurred in a horpital or institution, give its NAME instead of street and num  ds. How long in U.S. if of foreign birth?	
		Markin	law No	7 // If U.S. Veteran specify WAR.	
2. FULL NAME	10 11	HACAIN!	CA	2.··· 4	
(a) Residence: N	0.(2/1/1/4/16	(Usual place	of abode)	St., Ward.  If nonresident give city or town and Sta	te
PERSONAL	AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. C	olor or race	S. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Day) (Day)	93
5a. If married, widowed, or HUSBAND of (or) WIFE of	Her Ray	mond /	Yeal!	22.   HEREBY CERTIFY, That I attended dec	aasad from
6. DATE OF BIRTH (month	, day, and year)	885 JAN	-10-	2 > 11 - 26	eath is said
7. AGE Years	Months	Days	if LESS than	to have occurred on the data stated above, at 5. fm.	
50	11	13	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trada, profession, kind of work of SAWYER, BOO 9. Industry or busing work was dona SAW MILL, BA 1D. Data deceased ias	or particular one, as SPINNER, KKEEPER, etc	Louse	cipo	Cerebra/ Kemsthigl.	
9. Industry or busing work was done SAW MILL, BA	ss in which as SILK MILL.	4			22
SAW MILL, BA		11 Total ti	ma (vaars)		sec.
1D. Data deceased last worked at this occupation (month and year)  year) (month and year)  11. Total time (years) spent in this occupation occupation			it in this	-,-	1-9-36.
12. BIRTHPLACE (city or town) 4 Paltimod Cet				Other Contributory Causes of importanca:	
(State or country)	Mari	lank		The state of the s	
TI 13. NAME SOL	n Roll	A MCS	enly	H. C.	
14. BIRTHPLACE (city	or town) Bru	rice ges	KUS Co.	Name of operation Data of	
1 (State of Count	ry) M	milas		What test confirmed diagnosis? Classical Was there an auto	psy?
15. MAIDEN NAME	Ella J	tanp.		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME COLD HOLD TO TOWN 16. BIRTHPLACE (city or town)				Accident, suicide, or homicide? Date of Injury	., 19
State or coun	iry) forg	Pro	, ,	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT AT	lter !	1 Pa		Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	•
(Address)  18. BURIAL, CREMATION,	OR REMOVAL	001111	u / s la	Manner of injury	
Place Judan Park Date Dec 26, 1936				Nature of injury	
19. UNDERTAKER	mbo	of 28		24. Was disaase or injury in any way related to occupation of deceased?	on
20. FILED Dec 24	-, 1935 C	moseo	A Registrar.	(Signad) Children Jon druf	M. D.
	76	No. of the second		2411 N. Charles Street Baltimore Requesting T. S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

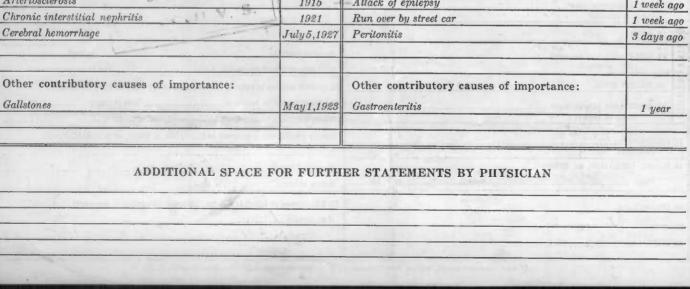
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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
			- 13	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			



V. S. No. 1

STATE OF MARYLAND—CERTIFICATE
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1	9	0	per	Page
1	1)	1	()	1)

1	. PLACE O	F DEATH			844	0000		
	County	Anne Arun	del		Postature a Program 1			
	Village or	City Crowns	ville Sta	te Hospi	ta. 100St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward		
	Length of re	sidence In city or town wher	re death occurred	yrsmos	6ds. How long in U.S. if of foreign blrth?yrsm	iosds.		
2	. FULL NA	ME Gabriel			If U. S. Veteran, specify WAR	******		
	(a) Reside	nce: No. Prest	on, Maryl (Usual place		St., Ward.  If nonresident give city or town and	State		
	PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. 5	Male	4. color or RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH December Lath 1935	., 193(Year)		
5a.	If married, wido HUSBAND of (or) WIFE of	wed, or divorced  Mary Newco	mb		22. I HEREBY CERTIFY, That I attended December 9,35 to Dec. 15, 193	deceased from		
6. I	ATE OF BIRTH	(month, day, and year)	? 188	5	l last saw h 1m alive on Dec. 14 1935 19	_: death is said		
7. /	IGE Ye	Months ?	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7 • 30 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance wage as follows:	Date of onset		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Unknown SAWYER, BDDKKEEPER, etc.			vn	Exhaustion due to ppolonged			
		business In which as done, as SILK MILL, LL, BANK, etc				-		
	1D. Date deceased last worked at this occupation (month and year)					-		
12.	BIRTHPLACE (c	nty or tomity	Unknown		Other Contributory Causes of importance:	-		
2	13. NAME		nown		Manic Depressive Manic			
FATHER			110 1111					
FA	(State o	E (city or town)	***************************************		Name of operation			
무	15. MAIDEN NAME Unknown				23. If death was due to external causes (VIOL ENCE) fill in also the followin			
MOTHER	16. BIRTHPLAC (State o	E (city or town) r country)	?		Accident, sulcide, or homicide? NO Date of Injury			
	(Address)	Hospital Re		To and to 3	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	te) ACE.		
18.	BURIAL, CREMA	Helesa	ut Date De	Hospital	Manner of injury			
19.	UNDERTAKER (Address)	Annapolis			24. Was disease or injury in any way related to accupation of deceased?			
20.	FILED 12	19 35	AMI	AVA Registrar.	(Signed). (Address) Crownsville State vo	y.D.		

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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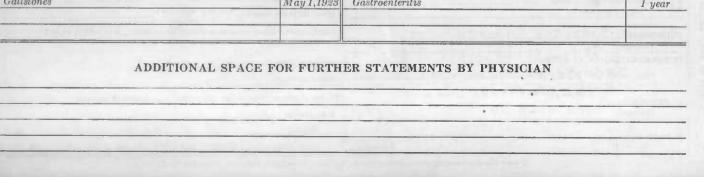
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Example II

		and the same of th		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



certificate.

TION is very important. See instructions on back of

item of infor-

1. PLACE OF DEATH			23	
County Anne Arund	lel		Registration Dist. No. 21	
Village or City Annapo		/ (19	Mo. Wardour St.,  f death occurred in a hospital or institution, give its NAME instead of street and many and the street and many and street an	
			5	JSus.
2. FULL NAME MARY I  (a) Residence: NoWardour		Lis. Md.	St., Ward.  If nonresident give city or town and	St
PERSONAL AND STATE			MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE female white	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  December  (Month)  (Day)	, 193 5 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Frank H. I	Newton	i bion di	22. I HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 33 3		1902 If LESS than I day,hrs. ormin.	I last saw h 37 elive on A 29, 1933 to have occurred on the date steted above, at /1507 m.	; death is said
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11. Totel ti	ime (years) nt in this ipation	Writer Suberculor	gran.
	lirginia.		Other Contributory Causes of importance:  When contributory Causes of importance:	Pers.
13. NAME Franklin T.  14. BIRTHPLACE (city or town)	Balt imore, Maryla		Name of operation Dete of Whet test confirmed diagnosis? Was there an a	nutopsy?
17. INFORMANT Lt. Frank	est Virgin H. Newton	U.S.N.	23. If deeth was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Dete of Injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLA	, 19 e)
National Ceme	nnapolis,  otery ylor,  Md.	A COLUMN TO SERVICE STATE OF THE PERSON STATE	Manner of injury  Nature of injury  24. Wes disease or injury In any way related to occupation of deceased?  If so, specify	
20, FILED 12 11 19 35	HAMmy	64. Registrar.	(Signed) (Address Character Man )	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

N. B.-WRITE PLAINLY,

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Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

IX, WENT UNFADING INK-THIS IS A PERMANENT PART D. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLA

	Registration Dist. No. St., Ward
Village or City Cultivibrustone (If dea	
	ath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Macy Mick	
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey) (Year)
5a. II married, widowed, or divorced HUSBANO ol (or) WIFE of	2. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1   1   1   1   1   1   1   1   1   1
1 day,hrs.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8 Trade profession or particular	Palvular Wait desease
kind of work done, as SPNNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and year)	to pherian alluded
12. BIRTHPLACE (city or town) Allsy Laced: (State or country)	Other Contributory Causes of Importance:
13. NAME Welthown	
(Chair an annian)	Name of operation Date ol
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT J'HF Mayo (Address) Charlet Mayo	(Specify city or lown, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
my for a self real second	Manner of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 2, 19 35 M.N. Clay 107.	(Signed) Stuttedu Rid J.M. D

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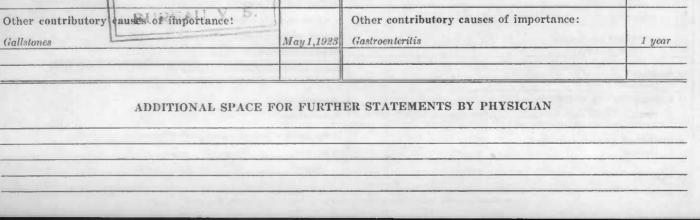
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial naphritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 6 1933				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



# AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT KECURD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

See instructions on back of certificate.

TION is very important.

STATE	OF	MARYI	AND-	-CERTIFI	CATE	OF	DEATH
SIAIL		MIVILIF	שוות	CLIVIII	CAIL		DLAII

1. PLACE OF DEATH	(107:01)
County W-G LO	Registration Dist. No. 2
Village or City Llumbershul	No. St., Ward
Length of residence In city or town where deeth occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number)
d (//./	
Do VI I do H do	
(a) Residence: No. (Usual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OF RACE  S. SINGLE, MARRIED, WID OR DIVORCED (write the	e word) $\alpha \beta$ 193 $\beta$
5e. If merried, widowed, or divorced	(Month) (Oey) (Year)
HUSBANO of (or) WIFE of	22. AN I HERTEBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, end yeer)	35 1 lest sew h alive on Dec 18 , 195 ; death is said
	SS than to have occurred on the dete steted above, et. 4. D.m.
5 10 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of onset
SAWYER, BOOKKEEPER, etc	Bronchial Ineumeral () De
work wes done, es SILK MILL, SAW MILL, BANK, etc	from sympotons 2, to
10. Date decesed lest worked et this occupetion (month end spent in this	
yeer)occupetion	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Molnutorin 2016
(Stete or country)	
14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. NAME  16. STATE OF THE STATE O	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whet test confirmed diegnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town) - le hours land	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:
[Stete or country]	Accident, suicide, or homicide? Dete of Injury, 19
State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Sant Star Dete all 13	, 19 1 S Neture of injury
19. UNDERTAKER D. A. Asquility + Sm.	24. Was disease or injury in any wey releted to occupation of deceased? "NO"
20. FILEO 12 29 , 1931 A R	(Signed) Lingle County M. O.  (Address) Lingle County M. O.
Uf more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

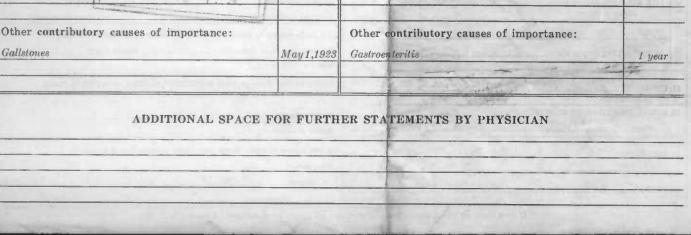
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ.	Example II	
The principal cause of death and related causes of importance were astfollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 6 1929	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURNAU V. S			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	- EXA
Gallstones	May 1,1923	Gastroenteritis	1 year
		and the second of the second o	all pro-



N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

2. FULL NAME Henrietta  (a) Residence: No. Marley N  (Us)  PERSONAL AND STATISTICAL F  3. SEX 4. COLOR OR RACE   5. SINGLOR DE DO	Pearman  Jeck  Jec	No.  It death occurred in a horpital or institution, give its NAME instead of street and is s. ds. How long in U.S. if of foreign birth? yrs. m.  St., Ward.  If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  December 22nd  (Month) (Day)	number) osds.
Length of residence in city or town where death occur  2. FULL NAME Henrietta  (a) Residence: No. Marley N  (Ust  PERSONAL AND STATISTICAL F  3. SEX 4. COLOR OR RACE OR D  female negro ma  5a. If married, widowed, or divorced HIJSRAND of	Pearman  Jeck  Jec	s. ds. How long in U.S. if of foreign birth? yrs. m  St., Ward.  If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  December 22nd  (Month) (Day)	osds.
2. FULL NAME Henrietta  (a) Residence: No. Marley N  (Ust  PERSONAL AND STATISTICAL F  S. SEX 4. COLOR OR RACE OR D  female negro ma  ia. If married, widowed, or divorced HIJSBAND of	Pearman  Jeck  ual place of abode)  PARTICULARS  LE, MARRIED, WIDOWED,  NOORCED (write the word)  Arried	St., Ward.  If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  December 22nd  (Month) (Day)	State
(a) Residence: No. Marley N (Ust PERSONAL AND STATISTICAL F  S. SEX 4. COLOR OR RACE OR D  female negro ma  ia. If married, widowed, or divorced HISBAND of	ualplace of abode) PARTICULARS  LE, MARRIED, WIDOWED, NORCED (write the word)  NYPIED	If nonresident give city or town and  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  December 22nd  (Month) (Day)	, 193.5
PERSONAL AND STATISTICAL F  SEX 4. COLOR OR RACE OR D  female negro ma  ia. If married, widowed, or divorced HISBAND of	PARTICULARS LE, MARRIED, WIDOWED, OVORCED (write the word) Arried	21. DATE OF DEATH December 22nd (Month) (Day)	, 193.5
female negro 5. SING  female negro ma	LE, MARRIFD, WIDOWED, LYORCED (write the word)	December 22nd (Month) (Day)	, 193.5 (Year)
HIISBAND of			
(or) with a fitting it a feature	na.n	22. I HEREBY CERTIFY, That I attended August 19 32 to December	
DATE OF BIRTH (month, day, and year) Unk	nown, I866	Hast saw h.er. alive on December 20th 19.35	; death is said
AGE Years Months C	Days If LESS than I day,hrs.	were as follows:	Date of onset
8. Trade, profession, or particular		Chronic myocarditis	indefi
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	anifo	Arteriosclerosis	
5. Industry or business in which HOUSE work was done, as SILK MILL, SAW MILL, BANK, etc	MITE	Colloid goiter	-
	I. Total time (years) spant in this occupation		
z. BIRTHPLACE (city or town) A. A. C.O. (State or country)	Md •	Other Contributary Causes of Importance: Acute bronchitis	12-17-
13. NAME Robert Curry			
13. NAME Robert Curry  14. BIRTHPLACE (city or town) (State or country)  Md a		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Mary Garret	t	23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME Mary Garret.  16. BIRTHPLACE (city or town)	11d.	Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and State of the suicide of the s	
7. INFORMANT William Pearma (Address) Marley Nec	117	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ACE.
8. BURIAL, CREMATION, OR REMOVAL Place Marley Neck Date	I2-25 ,19-35	Manner of injury	
9. UNDERTAKER Isiah Brown (Address) Baltimore		24. Was disease or injury in any way related to occupation of deceased? If so, specify	10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

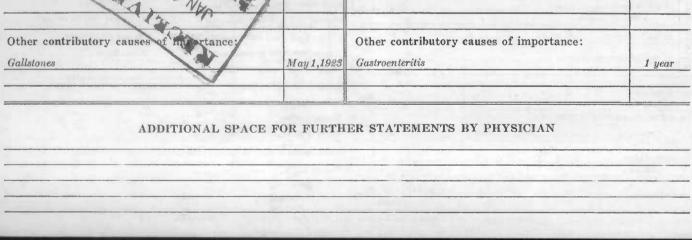
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritises	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A 12 MM			
Other contributory causes of intertance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



MARGIN RESERVED FOR BINDING

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
JIMIL	OF	MINUIL	עווא	CLIVIII	ICAIL		DLAII

13860

1. PLACE OF DEATH	108
County Anne Arundel	Registration Dist. No. 21
Village or City Annapolis	No. 200 West St., & Ward
Length of residence in city or town where death occurred $34$ yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME ALVERTA DENNIS PHIPPS	
(a) Residence: No. 200 West St	St. 3 Ward.
(a) Residence: No. 200 West 5 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Widowed)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Charles W. Phipps	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 10, 1866	I last saw h le elive on 1/14 " 76 19 death is sai
7. AGE Yeers Months Days If LESS tha	
69 6 16 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (months and separation this person in this person in this securation (months and separation this securation).	Char Vermen (302)
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Anne Arundel County (Stata or country) Maryland.	)
置 13. NAME Charles M. Watkins	
13. NAME Charles M. Watkins  14. BIRTHPLACE (city or town) A. A. County, (State or country) Maryland.	Name of operation Oata of What test confirmed diegnosis? Little Was there an europsy? He
15. MAIOEN NAME Isabell Mangun  16. BIRTHPLACE (city or town) A. A. County.  (State or country) Manyland	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
[ 16. BIRTHPLACE (city or town) A. A. County.	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Mr. Nicholas Phipps.	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Oate Dec. 29, 19	Manner of injury
Cedar Bluff Cemetery.  19. UNOERTAKER John M. Taylor,  (Addiass) Annapolis, Md.	24. Wes diseasa or injury in any wey ralated to occupation of deceased?
20. FILEO 12 28 , 19 35 My 18 Registrar	(Signed) (Att the state M. (Address) (Author)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	bate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis e 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Jay5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
			1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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## STATE OF MADVI AND CEDTIFICATE OF DEATH

10001

1. PLACE OF DEATH	CERTIFICATE OF BEATH 13861
County a a	Registration Dist. No. 2
Village or City annapolis on (IF	No. No. Ward  No. No. Ward  Ward  If death occurred in a porpital or institution, give its NAME inclead of arect and number)  s. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Hyman Riche	
(a) Residence: No. 67 West (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (capite the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  21. DATE OF DEATH  (Month) (Day) (Year)
HUSBAND of (or) WIFE of Lena Puchel	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 1870	I last saw h alive on, 19, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Meschant SAWYER, BOOKKEEPER, etc. Meschant	Acute Dillatation of
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last worked at this occupation (month and spant in this	Primary Cause: Coronary embolism , Outer.
this occupation (month and spent in this 2 occupation when the spent in this 2 occupation.  12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Heart Affack
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME Pela Suidles  16. BIRTHPLACE (city or town) (State or country)  Pusses	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT William W Peichel (Address) annapola . mg.	(Specify city or town, county and State) Specify whather injury occurred in industry, in HOME, or in PUBLIC PLACE.
Place Parties See Date 2 , 19	Manner of injury
19. UNDERTAKER B THOMPSON	24. Was disease or injury in any way related to occupation of decaesad?
20. FILED /2/2, 19 35 JM Registrar.	(Signad) Lawrence Shales 12 9cting Co
If more blanks are needed, address Stale Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 8 1930	1921	Run over by street car	1 week ago
Cereoral nemorrnage	July 5,1927	Peritonitis	3 days ago
Ni marka			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(31)			
County Anne Arun	del		Registration Dist. Np. 21			
Village or City St. Marga		(lí 5 yrs mos	ND. St.,  death occurred in a hospital or institution, give its NAME instead of street and number	Ward		
2. FULL NAME ELIZA HARR			OUTP	<b>45</b>		
(a) Residence: Np.St. Marga			St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTIC	AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Sheet		RIED, WIDOWED, D (write the word) ed:	21. DATE OF DEATH Decmeber 2 , 193	5 Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H. Rid	out		22. I HEREBY CERTIFY. That I altended decease  1 1935, to 2 1	sed from		
6. DATE OF BIRTH (month, day, and year) Jan 7. AGE Years Months 81 10	Days 15	1854 If LESS than 1 day,hrs. ormin,	I last saw h alive on	th is sai		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	house	wife	(Uremifa) "/	1,/33		
12. BIRTHPLACE (city or town)	inva	,	Other Contributory Causes of importance:  Jank Arthura pulprasus! Un	iku		
13. NAME John D. Sheppa	rd,					
13. NAME John D. Sheppa 14. BIRTHPLACE (city or town) (State or country)  Vi	rginia		Name of operation Mane Date of			
型 15. MAIDEN NAME Cordelia	Ford	HE CALLED	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
15. MAIDEN NAME Cordelia 16. BIRTHPLACE (city or town) (State or country)	irgini	a	Accident, suicide, or homicide? Date of injury, 19			
17. INFORMANT Miss Nancy C. (Address) St. Margarets			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place White Hall Cemt	220 - 6		Manner of Injury			
A. A. Co., Md.  19. UNDERTAKER JOHN M. Taylo (Address) Annapolis, Md			24. Was disease or injury In any way related to occupation of deceased?	D		
20. FILED: 2 4 , 19.3 5	MM	Palsy Begistrar.	(Signed) J. M. M. M. M. (Address) Assurance of his M.	d.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting T. S. No. 1.

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RE

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

-WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
BUREAU V. S.	£ 45	•		
Other contributory causes of importance:	pr-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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2

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
JING DING	NENT RECORD	CTLY. PHYS	sified. Exact sta	
MARGIN RESERVED FOR BINDING	IIS IS A PERMA	be stated EXA	be properly clas	of certificate.
N RESERVE	DING INK-TH	AGE should 1	so that it may I	TION is very important. See instructions on back of certificate.
MARGI	WITH UNFAI	refully supplied.	in plain terms,	ant. See instru
	TE PLAINLY,	should be can	E OF DEATH	is very import
No. 1	BWRI	mation	CAUS	TION

	County	a	a			Registration Dist. No.
	Village or (	city as	mas	colac	m	No. Emergence Hospital
	Langth of roe	idence in city or		looth occurred	vrs mos	death occurred in a horbital or institution, five its NAME/instead of street and num  ds. How long in U.S. if of foreign birth?
			TOWN WHELE	Jeeth occurred	0 P.	ds. How long in U.S. if of foreign birth?yrsmos
2.	. FULL NA		Va	funs	1100	WITHIN CO-
	(a) Resider	ice: No.		(Usual place	e of abode)	St., Ward.  If nonresident give city or town and Sta
	PERSON	IAL AND	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)						21. DATE OF DEATH  Secentle 16 (Month) (Oay)
5a.	If merried, widow HUSBANO of	ed, or divorced				22
	(or) WIFE of					22. I HEREBY CERTIFY, That I attended dec
6. D	ATE OF BIRTH	(month, day, and	d year) L	In /	0-1935	I last saw h alive on Stellborn 19 d
7. A			Months	Deys	If LESS then	to heve occurred on the dete steted above, etm.
					1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
Z	8. Trade, profe	ssion, or perticu	uler PINNER			Stillborn - Joelus at 10
CUPATION	SAWYER	, BOOKKEEPER, business in whi	, etc			
UP/	work wa	s done, as SILK L. BANK, etc	MILL.			5/2000
8	10. Date deceas		et	11. Total	time (years) ent in this	
1	year)			oc:	upetion	Other Contributory Causes of importance:
12.	BIRTHPLACE (ci		m	cyola	5 mi	- The state of the
or I	(State or cou	ntry)	1	10	0	
X	13. NAME	XX f	· yn.	1140	eils	
FAT	14. BIRTHPLACE	(city or town)	5 //	160	Va	Neme of operation Oate of
2	15. MAIOEN NA		and.	00.00	y ofand	Whet test confirmed diegnosis? Wes there en auto
표				manc.	Long	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
× V	16. BIRTHPLACE (Stete or	country)	chma	hore 1	C.	Accident, suicide, or homicide? Dete of injury  Where did injury occur?
17. 1	INFORMANT	X.J.	mi	Pober	lo	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. [	(Address) BURIAL, CREMAT	ION, OR BEMO	WAL A	(m)		Manner of Injury
	Plecelin	napol	is one	Dete Use	10 135	Menner of injury
19. (	UNOERTAKER (Address)	36	7.7	8 plos	mg.	24. Wes disease or injury in any way related to occupetion of deceased?
	11 -	ha	1/	Im	March	(Signed) Arman oblity

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
White Will A. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Colld. Every item of infor-Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County	Registration Dist. No.
Village or Gity And John	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of loreign birth?yrsmosds.
11	
2. FULL NAME / hamas - James	VIII DOJ.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 , 1936 (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of	
(or) WIFE of July Dommi	I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) That 9,3 1873	I last saw h alive on 22 19 37 deeth is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 74-75-67- 20-
621 7 36 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 8 Tendo profession or particular	Cancana Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	stamule 0
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Thomas Serrems	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town).	23. II death was due to external causes (VIOL ENCE) fill in also the following:
[6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place Briendehip Date Dec 26, 1935	Nature of injury
19. UNDERTAKER JS- JSTanson (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED. 1142, 1935 TV, K. Joe Lot. Registrar.	(Signed) M. D.  (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į.	Example II		
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Chronic interstitial nephritis JAN 6 1806	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
3 M. 4/6 A. 4/.	1			
TO MAY TONGHOOD OF THE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND-CERTIFICATE OF DEATH

infor-OCCUPA pluods Jo PHYSICIANS statement ORD. CIL classified. -EX certificate. properly may plnous On instructions supplied. plain terms, be carefully very important. DEATH plnods OF CAUSE mation FION 网

FOR

MARGIN RESERVED

1. PLACE OF DEATH County . Anne Arundel Registration Dist. No. 2/ Village or City Crownsville State Hospital No. Uf death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred yrs. 2 mos. 26ds. How long in U.S. If of foreign birth? yrs. mos. ds. James Smith 2. FULL NAME If U. S. Veteran, specify WAR\_\_\_\_\_ Baltimore, Maryland (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) male black December 6th widowed (Month) 5a. If marriad, widowad, or divorced HUSBAND of HEREBY CERTIFY. That I attended decassed from (or) WIFE of Unkn own 35, Dec. 6th 1905 im alive on Dec. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Devs Unknown 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 30 or .... min. were es follows: 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION Musician SAWYER, BOOKKEEPER, etc.... Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc .... 10 Date decaasad lest worked at 11. Total time (yaars) this occupation (month and spent in this occupation \_\_\_\_ Maryland 12. BIRTHPLACE (city or town). (State or country) Smith FATHER Edward 13. NAME Maryland 14. BIRTHPLACE (city or town). (State or country) Whet test confirmed diagnosis? Was there an autopsy? Was there an autopsy? MOTHER 15. MAIDEN NAME Green 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? \_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 Maryland 16. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country) Where dld injury occur?\_\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT HOSDital Records Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Crownsville. 18. BURIAL, CREMATION, OR REMOVAL Mennar of injury Nature of injury 24. Was disaasa or injury in any way related to occupation of dagased? (Address) If so, specify (Addrass) Crownsyi] Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
* CT D	i i		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH 13866 should state OCCUPA-1. PLACE OF DEATH County Length of residence In city or town where death occurred (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than I day, ....hrs or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... of 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... See instructions on back 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation \_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town (State or country) mation should be carefully MOTHER TION is very important. 16. BIRTHPLACE (city or town) (State or/country) CAUSE OF (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) Registrar.

(9	3-0	0.1	
	Registration	n Dist. No.	******
No.		St	Ward
death occurred in a hospital	l or institution, give its NAN	ME instead of street and	
ds. How long	n U.S. If of foreign birth?	yrsn	nosds.
mell			
Jimun.			
St.,Ward			10
MEDI		nt give city or town and	d Slate
	CAL CERTIFICAT	E OF DEATH	
21. DATE OF DE	EATH	THE SHAPE OF THE SAME	
	(Month)	(Day)	, 193 (Year)
	(month)	(Oay)	(teal)
22. / I HE	REBY CERTIF	Y, That I attended	deceased from
tept 10	2	wie!	1935
Llast saw h Sy all	ive on Dre	/ 193.1	: death is said
to have occurred on the	date stated above, at	. 13	, death 13 said
	OF DEATH and related car		
were as follows:	OF DEATH and related can	uses of importance	Date of onset
f		J	
Much	, was	afran	exact
Thea	1		Nov 29/35
000			
Orozen	a of Her	75.	
Other Contributory Can	es of Importance:		
1 7	f	A	- Free
Cr. 11	yocan	iles	4 3
	/		10,
Name of operation		Date of	
	gnosis?		
23. If death was due to ex	xternal causes (VIOLENCE)	fill in also the followin	g:
Accident, suicide, or hor	micide?	Date of injury	, 19
Where did injury occur?			
Specify whether injury of	Specify city of (Specify city of Courred in INDUSTRY, In H	or town, county and Sta	ACF
Manner of injury			
Nature of injury			
24. Was disease or injury	in any way related to occu	pation of deceased?	
If so, specify	100	1	
(Signed)	10lever	unes	
(Address)	· aunt	ole m	/
(11001033)			¥

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	y .	Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

18. BURIAL, CREMATION.

19. UNDERTAKER

OR

	STATE OF MARYLAND	CERTIFICATE OF DEATH
1	L. PLACE OF DEATH	(167)
	County a a WITHIN CORPORT	Registration Dist No.
	Village or City anapolit on	No. Essergence Hoofla St., Ward
		death occurred in a horsulal or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
1	FULL NAME Frankling Steventon	If U.S. Veteran specify WAR Worlds war
	(a) Residence: No. County fail Caluat	St.,Ward.
-	(Usual place of abode)	If nonresident give city or town and State
2	PERSONAL AND STATISTICAL PARTICULARS  SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	Male OR DIVORCED (write the word)	Recesber 9 193 5
_	If married, widowed, or divorced	(Month) (Dey) (Yeer)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	allee business	, 19, to, 19,
6.	DATE OF BIRTH (month, day, end year)	I last saw h; deeth is said
7	AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, etm.
	42 10 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
NOL	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hemorrhage (erebeal)
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	due to Pistol Shot
000	10. Date deceased lest worked at this occupation (month end spent in this year).	(sareide) -
12.	BIRTHPLACE (city or town) Washy Pa	Other Contributory Causes of importance:
ER	13. NAME Unfroom	
FATHER	14. BIRTHPLACE (city or town) Clarkson	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME Clakerous	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suicide. Date of injury Jec. 8., 19.35.  Where did Injury occur?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Manner of injury
Nature of injury

if so, specify

24. Wes disease or injury jury may related to occupation of deceased?

35

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7 90			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	F DEATH			93-0	3868		
County	Anne Arui	ndel		Registration Dist. No. 2	1		
	ity Annapoli				2 Ward		
	dence in city or town where o		/ yrs 6 mos	No. 17 Dean St., death occurred in a horpital or institution, give its NAME instead of street and street and street. How long in U.S. if of foreign birth?	osds.		
2. FULL NAT	ME JANE REBI	ECCA TAY	LOR	WITHIN GORPORATA LANTE OF			
(a) Residence	ce: No. 17 Dean	(Usual place	of abode)	St., 2 Ward.  If nonresident give city or town and	State		
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX female	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCES WILLOW	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 8 (Month) (Day)	, 193 5 (Year)		
5a. If married, widow HUSBAND of (or) WIFE of		Taylor		22. I HEREBY CERTIFY. That Jattended  Aun 1933 to See 8	deceased from		
6 DATE OF RIPTH (	month, day, and year) De	c. 1. 18	350		; death is said		
7. AGE Yea	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at & m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8 Trade profes	sion, or particular		ormin.	were as follows:	Date of onset		
kind of w	ork done on CDIMNED	none		Museurder Chr + My min			
9. Industry or	business in which			But pure	unt		
SAW MIL	done, as SILK MILL, L, BANK, etc						
	ed last worked at pation (month and	11. Total ti	ime (years) nt in this				
			upation	Other Contributory Causes of importance:			
	y or town) A A	County			-tail		
(State or cour		ryland.		Whin tolures	Tur		
	ohn Nichols						
14. BIRTHPLACE	(city or town) A.	A. Cour	ıty	Name of operation			
(State of		aryland.	•	What test confirmed diagnosis? Was there an	autopsy?		
I	ME Mary Purd			23. If death was due to external causes (VIDL ENCE) fill in also the following	g:		
6 16. BIRTHPLACE	(city or town)A	. A. Cor	ınty	Accident, suicide, or homicide? Date of Injury	, 19		
≥ (State or	country)	Marylan	nd.	Where did injury occur? (Specify city or town, county and Sta	(0)		
	Mr. Charles Annapolis.		lor.	Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PL	ACE.		
18. BURIAL, CREMAT				Manner of Injury			
PlaceAnn	apolis, Md.	Date Dec	10 00 35	Hature of Injury	5		
Ced	John M. Tay	lor		24. Was disease or injury in any way related to occupation of deceased?	as		
	Annapolis			If so, specify			
20. FILED 12-	//	Mus	Registrar.	(Signed) Services (Address)	m M. D.		
	If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	+		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1005	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. See instructions on back of

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	DEA	ТН			108)	10000
	County	Anı	ne Arund	lel		Registration Dist, No.	2/
	Village or Ci	ty	Crowns	sville S	State Hos	pitual	St Ward
		,				death occurred in a hospital or institution, give its NAME instead of s	treet and number)
1					yrs,mos	ds. How long in U.S. if of foreign birth?yrs	ds.
-	. FULL NAM					If U. S. Veteran, specify WAR	
	(a) Residence	e: No	Charles	County (Usual place	Maryla	nd St., Ward.  If nonresident give city or	town and State
-	PERSON	AL AN	D STATISTI			MEDICAL CERTIFICATE OF DE	
	sex female		R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 7th (Month) (Day)	, 193_5
5a.	If merried, widowe	ed, or divo	rced				(Year)
	(or) WIFE of	J	men Tho	oma s		22. I HEREBY CERTIFY, That I	
			3.0	910		Dec. 4, 19 35, to Dec.	
_	AGE Year		y, and year)	Days	If LESS than	to have occurred on the date stated above, at 12 Noon	, 19death is seld
1.	25				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	nca
	8. Trade, profes		Unkno	Mr. 11	ormin.	were as follows:	Date of onset
O	kind of w	ork done, Rookker	es SPINNER, PER, etc	Housev	vork	Acute lobar pneumonia	
OCCUPATION	9. Industry or b	usinass ir	which				
CU			SILK MILL, etc				
00	10. Date dacaasa this occup year)	etion (mo	rked et nth and	spe	ime (yaars) nt in this upation		
12	BIRTHPLACE (city	v or town)	Mar	yland		Other Coutributory Causes of importance:	
12.	(Stata or coun						
ER	13. NAME WI	llia	Harvey	7			
FATHER	14. BIRTHPLACE	(city or to	wn Maryl	Land		Name of operation	Date of
_	(State or	, ,				What test confirmed diagnosis? Was	there an autopsy?
MOTHER	15. MAIOEN NAM	NE (	Carrie	Unknown		23. If deeth was due to external ceuses (VIOL ENCE) fill in also the	following:
01	16. BIRTHPLACE	(city or to	wn) <b>Un</b>	mown		Accidant, suicide, or homicide?	ry, 19
Σ	(Stete or	country)				Where did injury occur?	
17.	INFORMANT (Addrass)	Hos	oital Re	cords e, Mary	land	(Specify city or town, count Specify whathar injury occurred in INDUSTRY, in HOME, or in PI	y and State) UBLIC PLACE.
18	BURIAL, CREMATI	ION OR I	REMOVAL	- 19-	/	Manner of Injury	
	Place 7.02	pela	ecular	7_Date	1930	Nature of injury	
19	. UNDERTAKER	-R	P. low	le rode,	Shift.	24. Was disease or injury in any way related to occupation of dece	eased?
-	(Address)		10000	7 Pm	-ua	If so, specify	irad
20	FILED 7/1	,	1935 2-	TITOT	Registrar.	(Signed) Crowneville, Mer	cyland M.D.
				100	Acgistrar.	((Conges)	-V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1830	July 5,1927	Peritonitis	3 days ago
SUSPAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u>                                     </u>		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	į

certificate.

See instructions on back of

MARGIN RESERVED FOR BINDING

	1. PLACE OF	DEATH				(46-0)	
	County	Anne A	runde	1		Registration Dist. No. 21	/
					Hospita O yrs 3 mos		
	2. FULL NAR			inson (		If U. S. Veteran, specify WAR	
	(a) Residence	e: NoB	altim	ore, Ma (Usual place	ryland of abode)	St., Ward.  If nonresident give city or town and	State
				AL PARTI	the second secon	MEDICAL CERTIFICATE OF DEATH	
3.	sex female	4. color or black		OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 31st (Month) (Day)	, 193 5
5a	. If married, widowe HUSBAND of (or) WIFE of	d, or divorced Unknow	n			22. I HEREBY CERTIFY, Thet I ettended Sept. 26th 19 29 to Dec. 31st	deceased from
6.	DATE OF BIRTH (n	nonth, day, and y	rear) 1	903			a; deeth is said
	AGE Years	U U	Months nkn ow	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, et2: 45A mile The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Malignancy of the bowels	Date of onset
OCCUPATION	9. Industry or b work was SAW MILL 10. Date deceased this occup- year)	usiness In which done, es SILK M , BANK, etc I last worked at ation (month and	ILL,	Occu		Other Contributory Causes of Importance:	
_	State or count	ry)	Maryl			Cardio-vascular disease	?
HER	13. NAME	Charl		nson			
FATHER	14. BIRTHPLACE (State or c			aryland	1	Name of operation Dete of What test confirmed diagnosis? Was there an	
HER	15. MAIDEN NAM	E Mar	y Gil	bert		23. If deeth was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (			Mary	land	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
		rownsv	ille,	ords Maryla	nd	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATI	N, OR REMOVA	untar	7 Dete	31036	Manner of injury	<b>b</b>
_	UNDERTAKER (Address)	1936	enle alest	To Jo	The The	24. Was disease or injury in any wey related to occupation of deceased?  If so, spenty  (Signed)	/ M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
_			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

PA.	1. PLACE OF DEATH	CERTIFICATE OF DEATH	
5	A A	92:0	
3	Chamari II a Chaha II	Registration Dist. No.	
Y		death occurred in a hospital or institution, give its NAME instead of street and num	
	Length of residence in city or town where death occurred_llyrs9mos	9ds. How long in U.S. if of foreign birth?yrsmos	ds.
		If U. S. Veteran, specify WAR	
	(a) Residence: No. Prince George County, (Usual place of abode)	Marylan Ward.  If nonresident give city or town and Sta	te
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX  female black 5. Single, Married, WIDOWED, OR DIVORCED (write tha word) married	21. DATE OF DEATH December 14th (Month) (Day)	(Year)
	5a. If married, widowed, or divorced HUSBAND of Unknown	22. I HEREBY CERTIFY, That I attended dec March 5th, 19 24 to Dec. 14th	eased from
	6. DATE OF BIRTH (month, day, end year) 1890	last sawh er aliva on Dec. 14th 19 35:d	
	7. AGE Years Months Days If LESS than	to have occurred on tha date stated abova, at 2: 20Pm. M.	
	45 Unknown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of onset
	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unknown	Acute cardiac dilitation	?
	Industry or business in which		
	work was done, as SILK MILL, SAW MILL, BANK, etc		
	10. Data deceased last worked at this occupation (month end spant in this occupation (month end spant in this occupation spant in this occupation spant in this occupation spant in this occupation spant in this occupation		
	12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance: Metral insufficiency	?
,	(Stata or country)  出 13. NAME Unknown		
	13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown	Name of oparation Data of	
	(State of Country)	What test confirmed diagnosis? Was there en auto	
	15. MAIDEN NAME Mary Barleu	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
	15. MAIDEN NAME Mary Barleu  16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide?	., 19
	(State or country)  Hospital Records	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
	17. INFORMANT Crown swille Maryland	Specify whether injury occurred in INDOSTRY, in nome, or in Public Place	•
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Tortus Cerular Date 7 20 ,135	Nature of injury	
	19. UNDERTAKER Dr R. H. Wenlevole Duff	24. Was disease or injury in any way ralated to occupation of deceased?	
	(Address) Cyourhorthe Md	If so, specify (Signed)	S. Mary
	20. FILED 120, 19 75 4-4, for the Registrar.	(Address) Crownsville, Maryland	79

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 8 1839	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage State N. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

pe

	1. P	LACE O	F DEAT	гн	,			11-6		1	0016
		County	A	nne Arun	ndel				Registration Di	ist. No. 21	
		Village or C	ity	Annapoli	S		No. 99	Market	, }	St.,_	& Ward
						32 <sub>yrs</sub> (1)	f death occurred in a hor	pital or iostituting in U.S. if of	on, give its NAME i foreign birth?	instead of street an	d oumber) mosds.
1	2. F	ULL NA	ME JA	AMES TA	LOR TR	AUTWEIN		MITHIN SH	REPRETE CIMI	TANK	
		(a) Residen	ce: No.	99 Mark	et (Usual place	of abode)	st, 2 w	ard.	If nonresident gi	ve cily or town a	nd State
		PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEI	DICAL CE	RTIFICATE	OF DEATH	
	3. SEX	le		R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF	DEATH	December		, 193_5 (Year)
	5a. If m	arriad, widow							(wonth)	(Day)	(Tear)
	(OI	SBAND of r) WIFE of					22. 1 H1		CERTIFY	That I attenda	-
					20	3007	auco		19 35, to 9		19_5_5
ate	6. DATE	OF BIRTH		, and yeer) J	Devs	1903	I lest saw h.		, 1		.∞
ific	1. AGE					1 day,hrs.	to have occurred on The PRINCIPAL CA		/ //		
ery important. See instructions on back of certificate.	Lac	3		6	] 11	ormin.	were as follows:				Date of onset
back	9. 10.	Industry or work wa SAW MII Date dacaas this occu year)	business in s done, as S LL, BANK, e ad last wor pation (mo	which SILK MILL, ha etcha kad at nth and	rdwa re	ant account store. ime (yeers) nt in this upation	Othar Coutributory	Causes of impor	oenste Lauf tance:	Z / frien	D. 25
struc		(State or cou	ntry)		Marylar itwein	1d.	Conso	Chrs	<u>'</u>		
	I	NAME JO	-	Da.	ltimore						
See	14.	(State of	(city or to	,	Marvlan	,	Nama of operation				Mai
	置 15.			rrie L.			What test confirmed 23. If death was due t	-			
porta	less !	BIRTHPLACI (Stete or	(city or to	wn) Ani	napolis Maryl		Accidant, suicida, or Where did injury occ				
is very important. See instructions on back of	17. info	ORMANT	Mrs. 9 Ma:	Carrie rket St	Trautwo	ein olis, Md.	Specify whether inju	ry occurred in	(Specify city or to INDUSTRY, in HOM	own, county and S E, or in PUBLIC	itale) PLACE,
is.		IAL, CREMAT	napo.	lis, Md.		. 2, , 19 36	Manner of injury				
0	10 (1	CE ERTAKER	John	M. Tay	emetery		24. Was diseese or in			ion of dacaasad?	20
F		(Address)			Md.	A	If so, specify		,	7	^ 1
	20. FILE	1 2		19.365	Jum	usele Legistraj.	(Signed)(Address	Skore s)	ge C	Doe	M.D

If more Clanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	111	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEISEC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IAN 6 1936	July 5,1927	Peritonitis	3 days ago
SUPERU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR 1	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13873
1. PLACE OF DEATH	<u> </u>
County Chunchel	Registration Dist. No. 4
Village or City Compoli	No. 6 meryeng Hagt St., 2 Ward
	death occurred in a hospital or institution give its NAML instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Buly Lott	
	CA WAS WINDS DOLLOUNTS LIGHT OF
(a) Residence: No. (Valual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH R. 22 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 22 1995	I last saw h Line elive on Set 2 2 19 37 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Merseature Intent Jame
SAWYER, BOOKKEEPER, etc.	(6 uss) 1935
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Lucasali neli neli	Other Contributory Causes of Importance:
(State or country)	Marc
13. NAME Yeary Fratt	
14. BIRTHPLACE (city or town) 49 Co my	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME James Hall	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Joseph Light	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT (Address) Directles a a la Wid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALO . GUIL	Manner of injury
Place Cyriopolis Date De 24, 1935	Nature of injury
19. UNDERTAKER John Mr. Fayla	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Compfyli md.	If so, specify
20. FILED 12 2 7 , 1935 All Williams	(Signed) M.D. M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
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	item
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NDING	IS A PERMANENT RECORD. Every item of infor-
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MARGIN

OCCUPA-Jo statement Exact classified. certificate. properly jo back may should no that instructions UNFADING supplied. terms, See plain carefully very important. E DEATH pe plnods OF -WRITE TION is mation CAUSI

1. PLACE OF DEATH County Registration Dist. No. Village or City\_ (If death occurred in a hospital or institution, give its NAMe, instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? 2. FULL NAME If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Years Days If LESS than to have occurred on the date stated above, at 1.30 9, m 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation\_ Other Cantributary Causes of 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. (State or country) What test confirmed diagnosis?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. OR Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed). Registrar. (Address)

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance.			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE O	F DEATH	JI MIAIN	LAND	CERTIFICATE OF BEATH 13875
County	County Anne Arundel			Registration Dist. No.
Village or C	ity Annapoli	is, Mary	land. (If	No. USS REINA MERCEDES St., Ward-death occurred in a hospital or institution, give its NAME instead of street and number)  23 ds. How long in U.S. if of foreign birth? yrs mos ds.
	ME WANSACZ,		(none)	If U. S. Veteran, specify WAR NOT VETERAN  -st.,
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH  December 13 , 193 5 .  (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced  Not merrie	d.		22.   HEREBY CERTIFY, That I ettended deceased from Not attended perior to death
7. AGE Yea	rs Months	April, Days 11 Firemen	I 910.  If LESS than 1 day, hrs. or min.	t last saw h imalive on _ 12 _ December, 1935 ; deeth is said to have occurred on the date stated above, at 12 / 13 pt 35 (at a bout The PRINCIPAL CAUSE OF DEATH and related ceuses of importence 5: 30 _ AM ) were as follows:
9. Industry or work was SAW MIL	vork done, as SPINNER, BOOKKEEPER, etc	J.S. Navj	me (years)	Asphyxiation (smoke 13/13/35 suffocation)
year)	ty or town) New Y	ork, N.Y.	tin this yea	Other Contributary Causes of importance:  NONE
13. NAME 14. BIRTHPLACE (State or	(city of town)	nown		Name of operation None Date of Whet test confirmed diagnosis Clinical & Anthons Vitepsy?
T-	ME UNKNOWN (M  (city or town) Unkno  county) Brook	wn. (91 B		23. If deeth wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? ACCIDEN toate of injury 12/13, 19-35  Where did injury occur) Martin Story of the county and states, Md.  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
USS (ARLESTED 18. BURIAL, CREMAT Place 12		динарод	15,Md.	Manner of injury Suffocated by smoke from Nature of injury burning bedding on which he
(Address)	Annapolis	G, 170 W	est St.,	24. Was disease or injury in any well elated to occupation of deceased? No.  If so, specify
20. FILED		blanks are needed, a	Registrar. ddress State Registrar,	(Address) USS REINA MERCEDES 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		* *			
		, A 1			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-D. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLA

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH			3876
County Church	and and	Registration Dist. No.	,0
Village or City Pollie	aw Illd	NoSt.,	Ward
Length of residence In city or town where d		death occurred in a hospital or institution, give its NAME instead of street an	
	1 of sol 60	1 1 Williams	
2. FULL NAME	Gullson 320	o tes fillians	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town a	nd State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE  4. COLOR OR RACE  5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Stillbose (Month) (Day)	, 193 (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	ed deceased from
6. DATE OF BIRTH (month, day, and year)	12/29/35	I last saw h aliva on, 19	; death is said
7. AGE Years Months	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Oate of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.		Stellborn	Oate of ouset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	7		
Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Sian OO	Other Coutributory Causes of importance:	
13. NAME Stillian	W Brooks		
13. NAME  14. BIRTHPLACE (city or town)	ul asundell	Nama of operation Date of	1
(State of country)	11/2/20	What test confirmed diagnosis? Was there a	n au'opsy?
H 15. MAIDEN NAME Saber	ly Williams	23. If death was dua to external causes (VIOLENCE) fill in also the follow	ing:
0 16. BIRTHPLACE (city or town)	W arundel Co	Accidant, suicida, or homicide? Date of injury	, 19
17. INFORMANT Cler age	Lev abram	Where did injury occur?(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	state) PLACE.
(Address)	heave. ma		*****
Place Brewer Fell	Date Jon 2 13'6	Manner of injury	
19. UNDERTAKER (Address)	majolis	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If se, specify	
20. FILED 1/1/3,60 1/	Destar	(Signed) 3 2 Les (Address) Lather	м. D
If more	blanks are noded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

V. S. No. 1

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Example I	1	Example II	
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Chronic interstitial nephritis !	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
- FBB a 183			P
Other contributory causes of importance:	3.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH	138
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1. PLACE OF DEATH	(8)-0)
County A, W	Registration Dist. No.
Village or City annabole m	No. 1 0 Prime Ses St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. 6ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ellen V. Wills	Lorc
(a) Residence: No. 70 Prence Ses	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH
17 W Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That I attended deceased from
(or) WIFE of Frank on Welson	Dely 1933 to 1 Le 29 1035
6. DATE OF BIRTH (month, day, and year) Sefer 23-1852	I last saw h ha alive on Dec 7 8 19 3 & death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 725 m.
83 3 6 1 day,hrs	I WE I KINCH AL CAUSE OF DEATH and related causes of tillbuffance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc.	Cerebral Hemmanage 12/11
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	714/
SAW MILL, BANK, etc.	
- this occupation (month and Spant in this	
year) occupation	Other Contributory Causes of importance :
12. BIRTHPLACE (city or town) Unnaptles on	A A
(State or country)	- Unless Cellerones 240
13. NAME John /: Johnson	
13. NAME Jyfns / Johnson  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) united	What test confirmed diagnosis? Live Cal Was there an autopsy?
15. MAIDEN NAME mary a Peaces  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) United the my	Where did injury occur?
17. INFORMANT Milliam H Wilson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) annapolis ord	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place A WWW Date Mar 31 ,19	Nature of injury
19. UNDERTAKER 19 L Hoffman	24. Was disease or injury in any way related to occupation of deceased?
(Address) (1	
(Addiess) amofater on	If so, specify
20. FILED 12 20 19 20 Mush and	(Signed) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

item of infor-

OCCUPA-

of

Exact statement

classified.

certificate. properly

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLA

B. ż

V. S. No. 1

TION is very important.

(State or country)

CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER C

20. FILED

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3878
1. PLACE OF DEATH	97)	- 0 (1)
County Cure arendel	Registration Dist. No. 2	3
Village or City Limithisener togts	NoSt	Ward
Length of residence in city or town where death occurred 5 yrs 5 mos	f death occurred in a hospital or institution, give its NAME instead of street and z	number)
2. FULL NAME William Joseph Wood	If U. S. Veteran, specify WAR	
60: 10	St., Ward.  If nonresident give city or town and	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diato
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wilowed	21. DATE OF DEATH  (Month)  (Day)	, 193 \$ (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Suair auna Wood	22.   HEREBY CERTIFY, That i attended	deceased from
6. DATE OF BIRTH (month, day, and year) Sent 16 1858	I last saw has alive on Dec 13 ,1935	; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1:00 H.m.	
77 2 27   1 day,nrs.	wera as follows:	Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	asterioselesses	1920
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	Headlock	1935
10. Data deceased last worked at this occupation (month and 1929 spent in this 54 occupation 54		
12. BIRTHPLACE (city or town) Orange (State or country) 7. 4.	Other Contributory Causes of Importance:	-
13. NAME SING MOLON		
13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there are a	
15. MAIOEN NAME CLIMONDE ON	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of Injury

If so, specify

(Specify city or town, county and State)
occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state kD. Every item of infor-Exact statement of OCCUPA-N. B.—WRITE PLARLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13879
1. PLACE OF DEATH	(82-a)
County	Registration Dist. No. 2
Village or City	NoSt.,Ward
Length of residence in city or lown where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Oller. Atrigh	t-
(a) Residence; No. Bhalle-	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, dey, end year)  7. AGE  Years  Months  Days  If LESS then I day,hrs. or,hrs.	to heve occurred on the date steted above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Dete deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  (State or country)	Clrural John with a 3 sq.  What Contributor Causes of Importance Contributors Causes of Importance Contributors Causes of Importance Contributors Causes of Importance Causes of Importance Causes of Causes Causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Date of injury 19
17. INFORMANT Assign Assign (Address)  18. BURIAL, CREMATION, OR REMOVAL ASSIGNMENT ASSI	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury
Plece Malla Com Dete De 21, 1930	Nature of Injury
19. UNDERTAKER (Address)  20. FILED 1221, 19.35 Mups Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify Ways Ways Ways Ways Ways Ways Ways Way
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Mark to the second of the second	

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